United States Bankruptcy Court for the: Case number (If known): Chapter you are filling under: Chapter 11 Chapter 12 Chapter 13

FILED

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

NOV 20 2017

JEFFREY P. ALLSTEADT, CLERK DEPUTY CLERK - CS

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number

(ii knowii). Answei every question.

Ρ	art 1: Identify Yourself		
Ą		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your		
	government-issued picture identification (for example, your driver's license or passport). Bring your picture	First name WILLIAM Middle name COWAN Last name	First name Middle name Last name
	identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
, 2.	All other names you have used in the last 8	NONE First name	First name
	years		
	Include your married or	Middle name	Middle name
	maiden names.	Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
	Only the last 4 digits of		
	your Social Security number or federal	xxx - xx - <u>0 8 2 2</u>	xxx - xx
	manimen of sereigi	OR	OR

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Debtor 1	JOSHUA First Name Middle	COWAN le Name Lest Name	Case number (# known)
والمناسبة والماسبة و	THE PARTY OF STREET, THE RESIDENCE WHEN THE PARTY WAS A STREET, WHEN WAS A STREET, WHEN THE PARTY WAS A STREET, WHEN THE WAS A STREET, WHEN THE WAS A STREET, WHE	About Debtor 1:	如此,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是 我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的,我们就是我们的
and Ei	usiness names mployer	I have not used any business names or EINs	About Debtor 2 (Spouse Only in a Joint Case): I have not used any business names or EINs.
(EIN) y the las	ication Numbers ou have used in t 8 years trade names and	Business name	Business name
doing bu	uede names and Isiness as names	Business name	Business name
		EIN	EIN
Pott Classifyi sensible Classifyi s indi	CAN THE THE THE WAR THE WAR THE	EIN STATE OF THE PROPERTY OF T	EIN
5. Where y	ou live	The state of the s	if Debtor 2 lives at a different address:
		Number Street	Number Street
	ć	CONT # 5	
		City State ZIP Coo	City State ZIP Code
		if your mailing address is different from the one above, fill it in here. Note that the court will send	f Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send
		S.A.A	any notices to this mailing address.
		P.O. Box	Number Street P.O. Box
		City State ZIP Code	
this distric	t to file for	Check one:	Check one:
bankruptc	,	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	(I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)
· · · · · · · · · · · · · · · · · · ·	医乳腺素素 医乳腺素 医二甲甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲	And commenced in the comment of the	

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Debtor 1 JOSHUA Frat Name Mud	Se Nams	COWAN Lext Name		Case numbe	?f (# known)
Part 2: Tell the Court A	bout Your	Bankruptcy Case			
7. The chapter of the Bankruptcy Code you	Check for Ba	cone. (For a brief descrip nkruptcy (Form 2010)). A	otion of each, see N	otice Required by	v 11 U.S.C. § 342(b) for Individuals Filing
are choosing to file under		napter 7	moo, go to this top o	hafa i aun cuat	ж ине appropriate box.
aucas		napter 11			
		epter 12			
		apter 13			
s. How you will pay the fe	loc you sub	ar coult for more detail arself, you may pay wi	iis about now you th cash, cashier's on your behalf, v	may pay. Typic check, or mone	check with the clerk's office in your cally, if you are paying the fee ey order. If your attorney is ry pay with a credit card or check
	☑ i ne <i>App</i>	eed to pay the fee in Dication for Individuals	installments. If y s to Pay The Filing	ou choose this	option, sign and attach the nents (Official Form 103A).
	less pay	than 150% of the offi	is not required to, cial poverty line the i). If you choose t	waive your tee, nat applies to yo his ontion, you	ption only if you are filing for Chapte, and may do so only if your income our family size and you are unable to must fill out the Application to Have it with your petition.
Have you filed for bankruptcy within the	€ No	Western.	Dis	フロン	3-17-100
last 8 years?	<i>(</i> 165.	District VI CONTY	When	MM / DD / YYYY	Case number 3-17-104
		District	When	MM / DD / YYYY	Case number
•		District	When		0
				MM / DD / YYYY	And issuited:
Ara any hanten	-	•			en e
o. Are any bankruptcy cases pending or being	Ø No				
filed by a spouse who is not filing this case with	Yes.	Debtor			Relationship to you
you, or by a business partner, or by an affiliate?		Olstrict	When	MM/DD/YYYY	Case number, if known
a: III rafa L		D aktor			
		Debtor			Relationship to you
	·			MM / DD / YYYY	Case number, if known
Da ver sent sent		•		٠	
Do you rent your residence?	Yes. H	Go to line 12. Has your landlord obtains esidence?	ed an eviction judgn	nent against you a	and do you want to stay in your
	į.	No. Go to line 12.			
			tement About en Ev	liction Judament	Against You (Form 101A) and file it with

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Debtor 1	JOSHUA Firel Name Missas N	ame	COWAN		Casa	number (# know	n)		
Part 3:	Report Short Smr	Ditalon	No.	0.1. =					
	Nopolt About Ally	DUBINGS	sses You Own as a	Sole Propri	etor				
	u a sole proprietor full- or part-time	₩ No	. Go to Part 4,						
busina		Ye	s. Name and location of	business					
busines Individu separat	proprietostip is a less you operate as an ual, and is not a ute legal entity such as oration, partnership, or		Name of business, if any	,					<u>-</u>
If you ha	ave more than one prietorship, use a a sheet and attach it		Market and the second s						-
to this p	s sneet and attach it Billion.		Cit						
			City			State	ZIP Code		*
			Check the appropriate	box to descri	be your business:				
			Health Care Busin						
			☐ Single Asset Real						
			Stockbroker (as de						
			Commodity Broker	(as defined in	11 U.S.C. § 101((6))			
			None of the above						
Chaptei Bankruj	filing under 11 of the otcy Code and a small business	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).							
	nition of <i>small</i> debtor, see								
	§ 101(51D).		 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. 						
	•	☐ Yes.	l am filing under Chapte Bankruptcy Code.	r 11 and I am	a small business	debtor accor	ding to the	definition in the	
art 4: R	port if You Own o	r Have &	uny Hazardous Prop	erty or Any	Property That	: Needs Im	mediate	Attention	
. Do you o	wn or have any	Mo No							
property	that poses or is pose a threat	-	What is the hazard?						
of immin identifiati public he			The state of the s		7-11-1		·		
property	that needs		If immediate attention is	ngadad why	in it mandada				
For example perishable that must b	e attention? ie, do you own goods, or livestock e fed, or a building urgent repairs?		If immediate attention is		is it needed?				
	- , -·	,	Where is the property?	N					
				Number	Street				
					* *************************************				
				City			State	ZIP Code	

Dehtor	4

JOSHU	JA
Enrold Nicons	14:44-41

COWAN

Сазе	number	(# Anown)				
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Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be diamissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any, if you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must fite a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissettisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed,

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

i am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

Incapable of realizing or making rational decisions about finances.

Obsability. My physical disability causes me to be unable to participate in a briefing in person by phone or

briefing in person, by phone, or through the internet, even after i reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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		·			
Debtor 1	JOSHUA	COWAN	С	ase number (# known	9)
	First Name Modele Na	me Last Name	-	•	
MANAGAR (ANGAR					
Part 6:	Answer Those Qua	stions for Reporting Purpos	30\$		
16. What	kind of debts do	16a. Are your debts primar as "Incurred by an individu	rily consumer debts? (Consumer debts family, or house	are defined in 11 U.S.C. § 101(8) shold purpose."
your	aave r	No. Go to line 16b. No. Go to line 17.			
		16b. Are your debts primar money for a business or in	rily business debts? B	usiness debts an peration of the bu	e debts that you incurred to obtain usiness or investment.
		No. Go to line 16c. Yes. Go to line 17.			
		16c. State the type of debts you	owe that are not consume	er debts or busin	ess debts.
17. Are ye Chap	ou filing under ter 7?	No. I am not filing under Ch	napter 7. Go to line 18.	•	
any e	u estimate that after xempt property is	Yes. I am filing under Chapte administrative expense	er 7. Do you estimate that a is are paid that funds will b	after any exempt e available to dis	t property is excluded and stribute to unsecured creditors?
	ded and	Ø No			
	istrative expenses ald that funds will be	☐ Yes			
•	ble for distribution				
to une	secured creditors?				
8. How r	nany creditors do	1 49	1,000-5,000		25,001-50,000
you e	stimate that you	2 50-99	5,001-10,000		D 50,001-100,000
owe?		1 100-199	10,001-25,000		☐ More than 100,000
~ ~~~		200-999			
9. How n	ruch do you	\$50-\$50,000	□ \$1,000,001-\$10 m	rillion	\$500,000,001-\$1 billion
estima	ite your assets to	\$50,001-\$100,000	\$10,000,001-\$50 r		☐ \$1,000,000,001-\$10 billion
be wo	rth?	\$100,001-\$500,000	\$50,000,001-\$100		☐ \$10,000,000,001-\$50 billion
		□ \$500,001-\$1 million	\$100,000,001-\$50		More than \$50 billion
6. How m	nuch do you	□ \$0-\$50.000	☐ \$1,000,001-\$10 mi		D 2500 000 004 044 (#)
	te your liabilities	\$50,001-\$100,000	310,000,001-\$10 m		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion
to be?		\$100,001-\$500,000	\$50,000,001-\$100		\$10,000,000,001-\$10 billion
		□ \$500,001-\$1 million	\$100,000,001-\$500		☐ More than \$50 billion
Part 7;	Sign Below		_ *	• • • • • • • • • • • • • • • • • • • •	and more valid doe ballost
. according to the contract of					
or you		I have examined this petition, and correct.	d I declare under panalty o	f perjury that the	information provided is true and
		If I have chosen to file under Cha of title 11, United States Code. It under Chapter 7.	pter 7, I am aware that I m understand the relief availa	ay proceed, if eli ble under each o	igible, under Chapter 7, 11,12, or 13 chapter, and I choose to proceed
		If no attorney represents me and this document, I have obtained an	I did not pay or agree to pand read the notice required	sy someone who by 11 U.S.C. § :	is not an attorney to help me fill out 342(b).
		I request relief in accordance with			
			ment, concealing property, in fines up to \$250,000, or	or obtaining mo	nev or property by fraud in connection
		* Chale		×	
		Signature of Debtor 1		Signature of I	Debtor 2
		Executed on // /6 2	<u>}₀/</u> >	Executed on	ANA / DD /VVVV

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Debtor 1	JOSHUA First Namo Maddie Nama	COWAN Lest Name	Case number (# known)			
	and the second second	and the second second				
	f you are filing this tcy without an	should understand that many themselves successfully. Bec	dual, to represent yourself in bankruptcy court, but you people find it extremely difficult to represent ause bankruptcy has long-term financial and legal gly urged to hire a qualified attorney.			
If you are represented by an attorney, you do not need to file this page.		To be successful, you must correct technical, and a mistake or inaction dismissed because you did not file hearing, or cooperate with the coufirm if your case is selected for audit.	city file and handle your bankruptcy case. The rules are very on may affect your rights. For example, your case may be a required document, pay a fee on time, attend a meeting or urt, case trustee, U.S. trustee, bankruptcy administrator, or audit dit. If that happens, you could lose your right to file another, including the benefit of the automatic stay.			
		court. Even if you plan to pay a pa in your schedules. If you do not lis property or properly claim it as exe also deny you a discharge of all yo case, such as destroying or hiding cases are randomly audited to det	I debts in the schedules that you are required to file with the inticular debt outside of your bankruptcy, you must list that debt at a debt, the debt may not be discharged. If you do not list empt, you may not be able to keep the property. The judge can pur debts if you do something dishonest in your bankruptcy property, faisifying records, or lying. Individual bankruptcy ermine if debtors have been accurate, truthful, and complete.			
		If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.				
		consequences?	uptcy is a serious action with long-term financial and legal			
		☐ No ☑ Yes				
			ud is a serious crime and that if your bankruptcy forms are d be fined or imprisoned?			
		☐ No ☑ Yes				
		Did you pay or agree to pay someo No Yes. Name of Person	one who is not an attorney to help you fill out your bankruptcy forms?			
			Preparer's Notice, Declaration, and Signature (Official Form 119).			
		have read and understood this notice	It I understand the risks involved in filing without an attorney. I ce, and I am aware that filing a bankruptcy case without an rights or property if I do not properly handle the case.			
		x Chill	*			
		Signature of Debtor 1 Date // /6 20/7	Signature of Debtor 2 Date			
		MM / DD / YYYY	MM / DD / YYYY			
		Contact phone	Contact phone			

Debtor 1	JOSHUA	WILLIAM	COWAN
•	First Name	Middle Name	Lasi Name
Debtor 2			
Spouse, if filing)	First Name	Middle Name	Last Name
United States t	Sankruptcy Court for	the: Easter	DISCORDING

Check if this is an amended filing

Official Form 106Sum	
Summary of Your Assets and Liabilities and Certain Statistical I	nformation 12/15
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible information. Fill out all of your schedules first; then complete the information on this form. If you are filing ame your original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	e for supplying correct nded schedules after you file
Part 1: Summarize Your Assets	
	Your assets
4	Value of what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	ss0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$ 880.00
1c. Copy line 63, Total of all property on Schedule A/B	\$880.00
ZINGAR Summarize Your Liabilities	
	Your liabilities Amount you owe
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 	\$0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ <u>2,606.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ 58,977.3
Ya 4441 Nabillal TOUT LOTAL HADING	
art 3: Summarize Your Income and Expenses	
. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$2,654.98
Copy year combined monthly income northly income in a control of the control of t	

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Debto	_{r1} JOSHUA	WILLIAM	COWAN	Case number (if known)	
	First Name	Middle Name Last Name				
Part	4: Answer The	se Questions for Admini	strative and Statistical F	lecords		
a A	ra you filing for han	kruptcy under Chapters 7, 1	1 or 122			
0. A	-	iki upicy under chapters 7, 1	1, 01 13 !			
L	No. You have noth	ing to report on this part of the	form. Check this box and sub	mit this form to the	court with your other	schedules.
	Yes				·	
		error same as a second contract the contract of the contract o			. Charles the constant of the second	to the transfer of the second second second
7. W	hat kind of debt do	you have?				
Ē	Your debts are pr family, or household	imarily consumer debts. Cord purpose." 11 U.S.C. § 101(8	nsumer debts are those "incurr). Fill out lines 8-9g for statistic	ed by an individual cal purposes. 28 U.S	primarily for a person S.C. § 159.	nat,
	Your debts are no	ot primarily consumer debts.	You have nothing to report on	this part of the forn	n. Check this box an	d submit
	this form to the cou	irt with your other schedules.		•		
******		egen er en en green fan de skriver op de een de skriver fan de skriver en de skriver de skriver en de skriver	and the second s			
		of Your Current Monthly Inco OR, Form 122B Line 11; OR, I		onthly income from	Official	s 3,367.70
•		eri, com tamb and tri eri,				
					ı.	
	randa and the second second second second second	etara agrada ta escribir escribir a ser escribir en escriber e	and and the first own the angle to be the service of		to the recovering of the control of	antices of the first open particles and the second of the second particles are
9. C c	opy the following sp	ecial categories of claims fr	om Part 4, line 6 of Schedule	e E/F:		
				Total	claim	
	the state of the state of	the second of the second	e Medički kod inklide koji koji.	A SULTAN		
!	From Part 4 on Scho	edule E/F, copy the following				
98	a. Domestic support o	bligations (Copy line 6a.)		\$	2,606.00	
					0.00	
91	o. Taxes and certain o	other debts you owe the govern	nment. (Copy line 6b.)	\$	0.00	
90	c. Claims for death or	personal injury while you were	intoxicated. (Copy line 6c.)	\$	0.00	
90	l. Student loans. (Cop	by line 6f.)		\$	11,688.00	
96	e. Obligations arising	out of a separation agreement	or divorce that you did not rep	ort as \$	0.00	
	priority claims. (Cor	by line 6g.)		•		
Qf	. Debts to pension or	profit-sharing plans, and othe	r similar debts. (Conv line 6h)	+ s	0.00	
01,		Frank Artening Species artes artis	,			
90	ı. Total. Add lines 9a	through 9f.		•	14,294.00	
99	, i Jaan Add Bries 98	anough on		Ψ	-	

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		ify your case and i				
Debtor 1	JOSHUA First Name	WILLIAM Hidde Hamo	COWAN Last Name			
ebtor 2 ipouse, If filing	g) First Name	Midde Name	Lest Name			
nited States SC(S)	s Bankruptcy Court for the	\$\\ \(\tilde{C}\)	- wiscons in			☐ Check if this is
Officia	l Form 106A	/B				amended filing
Sche	dule A/B:	Proper	ty			12/1
rite your i	name and case numb rescribe Each Real wn or have any legal o to Part 2.	ber (if known). Ans idence, Building i or equitable inter	plete and accurate as possible. If two more space is needed, attach a sepa swer every question. Land, or Other Real Estate You est in any residence, building, land,	rate sheet to th u Own or Hav	is form. On the top of re an interest in	any additional pag
Yes. V	Vhere is the property?	•	2400 (1)			
1.1			What is the property? Check all the Single-family home	at apply.	Do not deduct secured of the emount of any secure	leims or exemptions, P
Stre	et address, if available, o	or other description	Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land		Creditors Who Heve Clair Current value of the entire property? \$	ms Secured by Proper Current value of
Stre	et address, if available, o	or other description State ZIP Code	Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other		Current value of the entire property? S Describe the nature of interest (such as fee	Current value of portion you own: \$ of your ownership simple, tenancy by
Stre	et address, if available, o		Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the proper	rty? Check one.	Current value of the entire property? \$ Describe the nature of	Current value of a portion you own? \$
Stre			Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property Debtor 1 only Debtor 2 only At least one of the debtors and and Other Information you wish to add	other	Current value of the entire property? \$	Current value of portion you own: \$
City		State ZIP Code	Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an Interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and	other	Current value of the entire property? \$	Current value of portion you own S of your ownership simple, tenancy by e estate), if known.
City Coun	. only	State ZIP Code	Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an Interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and other information you wish to ade property identification number: What is the property? Check all that a Single-family home Duplex or multi-unit building	other d about this iter	Current value of the entire property? \$	Current value of portion you own's of your ownership simple, tenancy by a estate), if known.
City Cour	or have more than one	State ZIP Code	Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property Debtor 1 only Debtor 2 only I Debtor 1 and Debtor 2 only At least one of the debtors and and Other information you wish to add property identification number: What is the property? Check all that a Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	other d about this iter	Current value of the entire property? \$	Current value of portion you own: \$ of your ownership simple, tenancy by a estate), if known.
City Coun	or have more than one	State ZIP Code	Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and Other information you wish to adeproperty identification number: What is the property? Check all that a Single-family home Duplex or multi-unit building Condominium or cooperative	other d about this iter apply.	Current value of the entire property? \$	Current value of portion you own S of your ownership simple, tenancy by a estate), if known. mmunity property ims or exemptions. Put daims on Schedule Des Secured by Property.

County

Debtor 1 and Debtor 2 only

At least one of the debtors and another

property identification number: ___

Other information you wish to add about this item, such as local

Debtor 2 only

☐ Check if this is community property

(see instructions)

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Debtor 1	JOSHUA	WILLIAM		se number (# known)	
Add the you have a rate 2:	Street address, if available City County Describe Your Ve	Name Last Name , or other description State ZIP Code Ortion you own for a Write that number if	What is the property? Check all that app Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an Interest in the property? Debtor 1 only Debtor 2 only At least one of the debtors and another Other information you wish to add ab property identification number: If of your entries from Part 1, including there.	Do not dec the amoun Creditors is Current ventire prospective. Describe interest (the entire check one. Check (see in out this item, such as any entries for pages	the nature of your ownership such as fee simple, tenancy by sitles, or a life estate), if known. If this is community property structions) local
Cars, v	at someone else drives. ans, trucks, tractors, s	If you lease a vehicle	it in any vehicles, whether they are reging, also report it on Schedule G: Executory of motorcycles	stered or not? Include Contracts and Unexpire	any vehicles d Leases.
☐ Yes					
Λ Υ	Aake:		Who has an interest in the property? Co Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	the amount o	
			☐ Check if this is community property instructions)	(see \$	\$
If you ov	vn or have more than on	e, describe here:			
3.2. M M	ake:odel:		Who has an Interest in the property? Ch Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	the amount of	
Ot	her information:		Check if this is community property instructions)	(see \$	<u> </u>

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3.3 .	JOSHUA	WILLIAM	COWAN Case n	number (Fenown)	
3.3 .	First Name Middle Nam	a Last Name			
3.3.					
	Make:		Who has an interest in the property? Che		
	Model:		Debtor 1 only	the amount of any secure Creditors Who Have Clai	
	Year:		Debtor 2 only		
			Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Approximate mileage:		At least one of the debtors and another		**************************************
	Other information:			¢	¢
	:		Check if this is community property ((see 3————	<u>ه</u>
	1		Instructions)		
	Admin		Who has an interest in the property? Che	RCK ODA - Do not doduct consent of	-l D. d
3.4.	Make:			BCK one. Do not deduct secured cl the amount of any secure	
	Model:		Debtor 1 only Debtor 2 only	Creditors Who Have Clair	
	Year:			Current value of the	Current value of the
	Approximate mlleage:			entire property?	portion you own?
	Other information:	·········	At least one of the debtors and another		
	Other information:		Check if this is community property (5	\$
	-		instructions)	568	
	Ĺ		,		
☐ Ye	5				
4.1.	Make:		Who has an interest in the property? Chec	ck one.	
			Debtor 1 only	On not deduct secured cla the amount of any secured	
ī	Model:		Debtor 2 only	Creditors Who Have Claim	s Secured by Property.
`	Year:		Debtor 1 and Debtor 2 only	_	
(Other Information:		At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
ſ	THE PARTY OF THE P]		entire property r	portion you own r
1	•		Check if this is community property (s	:89 <i>a</i>	•
	•	:	instructions)	<u> </u>	\$
-		 :			
if you o	wn or have more than one,	list here:			
	//ake:		Nho has an interest in the property? Chec	k one. Do not deduct secured dai	ms or exemptions. Put
4.2. N	/lodel:		Debtor 1 only	the amount of any secured	claims on Schedule D:
			Debtor 2 only	Greditors Who Have Claim	s Secured by Property.
٨	'ear:	(Debtor 1 and Debtor 2 only	Current value of the	Current value of the
٨	Other Information:		At least one of the debtors and another	entire property?	
N Y				•	portion you own?
N Y		į į	-		•
N Y		į (Check if this is community property (se	se \$	\$
N Y		[Check if this is community property (se instructions)	Be \$	•
N Y		[ee \$	•
N Y		[Be #	•
N Y		[•
A Y	o dollar value of the portio	<u>-</u>		PB	•

5.

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+	Debtor 1 JUSTIUA First Name	WILLIAIV COVAIN Case number (# known)	···	
	1 NOT HOME	mone require		
Akme.	tanananan mana			
	ari 38 Describe You	r Personal and Household Items		
				
D	o you own or have any I	egal or equitable interest in any of the following Items?	Current va	
		그들은 얼마 하고를 보면 하는 것은 사람들은 그 것을 만든 그를 모르고 있다.	portion yo	u own? ct secured claims
			or exemption	
6.	Household goods and	furnishings		
	Examples: Maior appliar	nces, furniture, linens, china, kitchenware		
	_ , , , , , , , , , , , , , , , , , , ,			
	☐ No	have been been as the same of	7	
	Yes. Describe	couch,loveseat,2end tables,2 lamps ,headboard,dresser ,bed	\$	300.00
7	Electronics	The state of the s	.]	
1.		and coding profits vides stares and distallant to the start of the sta		
	collections: e	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games		
	n.,	and the state of t		
	₩ No			
	Yes. Describe	32 in tv,stero,cellphone	\$	350.00
]	1919 9170 9170
8.	Collectibles of value			
		figurines; paintings, prints, or other artwork; books, pictures, or other art objects;		
	stamp, coin,	or baseball card collections; other collections, memorabilia, collectibles		
	NO V. D		4	
	■ Yes. Describe		\$	
9.	Equipment for sports a	nd hobbies		
	Examples: Sports, photo	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes		•
		carpentry tools; musical instruments		
	No No		7	
	Yes. Describe		\$	
	ŀ		1	
10.	. Firearms	THE THE PROPERTY OF THE PROPER	f	
		shotguns, ammunition, and related equipment		
	₩ No	- The second sec		
	Yes. Describe	The state of the s	¢	
	, 1.		ļ "	
11.	Clothes			
	Evamples: Eveniday clott	hes, furs, leather coats, designer wear, shoes, accessories		
	No No	ines, rais, leadies coats, designer wear, silves, accessories		
		everyday clothes ,shoes winter coats and fall coats	æ	200.00
			\$	
12.	Jewelry			
	Examples: Everyday jewe	elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		
	gold, silver			
	No :	representation of the section of the		
	Yes. Describe		\$	
12	Non-farm animals			
	Examples: Dogs, cats, bir	rde horese		
	•			
	No r			
	Yes. Describe		•	
	Ĺ		Ψ	
4.	Any other personal and	household items you did not already list, including any health aids you did not list		
	☑ No			
	Yes. Give specific			
	information		\$	***************************************
	t.a			

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Debtor 1	JOSHUA First Name	WILLIAM Middle Name Last Name	COWAN	Case number (#known)	
	C th 30 L treib rate	(HINNEY FROM)			
Part 4:	Describe Y	our Financial Assets			
Do you o	wn or have any	y legal or equitable interest in	any of the following?		Current value of the portion you own? Do not deduct secured claim or exemptions.
18. Cash Examp	les: Money you	have in your wallet, in your hor	ne, in a safe deposit box, a	nd on hand when you file your petition	
□ No					
☑ Yes	3			Cash:	. \$30.00
Example No.	ts of money les: Checking, and other s	savings, or other financial accor similar institutions. If you have n	ultiple accounts with the sa	shares in credit unions, brokerage houses me institution, list each.	i,
₩ Tes) , ₍₁ , ₁ ,		Institution name:		
		17.1. Checking account:	***************************************	·	\$
		17.2. Checking account:	***************************************		\$
		17.3. Savings account:			\$
		17.4. Savings account:	*****		\$
		17.5. Certificates of deposit:	***		\$
		17.6. Other financial account:			\$
		17.7. Other financial account:			\$
		17.8. Other financial account:			\$
		17.9. Other financial account;	***************************************		\$
18. Bonds, e Example	mutual funds, s: Bond funds,	or publicly traded stocks investment accounts with broke	rage firms, money market a	ccounts	
Ø No			_ ,		
☐ Yes.		institution or issuer name:			
		VI			\$
					\$
					\$
9. Non-pub an LLC,	ilcly traded st partnership, a	ock and interests in incorpora nd joint venture	sted and unincorporated b	usinesses, including an interest in	
No No	6 15	Name of entity:		% of ownership:	
inform	Give specific nation about				\$
them.				0% % 0% %	\$
				U%0 eg	ė.

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ing the second s

	JOSHUA Farsi Name	WILL Middle Name	Last Name	COWAN	Case number (# known)	
				le and non-negotiable		
Negotia Non-ne	ible instruments gotiable instrum	s include personal ci nents are those you	hecks, cashlers cannot transfe	i' checks, promissory no r to someone by signing	stes, and money orders. or delivering them.	
	. Give specific	issuer name;				
them	J					\$
						\$
						<u> </u>
Example	ent or pension es: Interests in l		401(k), 403(b)	, thrift savings accounts	, or other pension or profit-sharing	plans
No No						
acco	List each unt separately.	Type of account:	Institution na	ame:		
		401(k) or similar plan	n:			<u> </u>
		Pension plan:	******			\$
		IRA:				\$
		Retirement account:				S
		Keogh:		·		\$
		Additional account:				
					· · · · · · · · · · · · · · · · · · ·	<u> </u>
Somethic		Additional account:				\$ \$
Your share Examples companies	deposits and p e of all unused : Agreements w s, or others	repayments deposits you have r	made so that w	NI May continue service	or use from a company ter), telecommunications	\$ \$
Your share Examples companies No	e of all unused : : Agreements w	repayments deposits you have r vith landlords, prepa	made so that w	ou may continue service utilities (electric, gas, wa		\$ \$
Your share Examples companies No	e of all unused : Agreements w s, or others	repayments deposits you have r vith landlords, prepa	made so that yo	ou may continue service utilities (electric, gas, wa		\$
Your share Examples companies No	e of all unused : Agreements w s, or others	repayments deposits you have r with landlords, prepa in Electric:	made so that yo	ou may continue service utilities (electric, gas, wa		_ \$
Your share Examples companies No	e of all unused : Agreements w s, or others	deposits you have repaint landlords, prepaint landlords. In: Electric: Gas: Heating oil:	made so that you id rent, public us stitution name o	ou may continue service utilities (electric, gas, wa r individual:	or use from a company ter), telecommunications	- \$
Your share Examples companies No	e of all unused : Agreements w s, or others	deposits you have repaint landlords, prepaint landlords. In: Electric: Gas: Heating oil:	made so that you id rent, public us stitution name o	ou may continue service utilities (electric, gas, wa r individual:		- \$
Your share Examples companies No	e of all unused : Agreements w s, or others	repayments deposits you have r with landlords, prepa in: Electric: Gas: Heating uil: Security deposit on rer	made so that you id rent, public us stitution name o	ou may continue service utilities (electric, gas, wa r individual:	or use from a company ter), telecommunications	- \$
Your share Examples companies No	e of all unused Agreements w s, or others	deposits you have repaid landlords, prepaid rent:	made so that you id rent, public us stitution name o	ou may continue service utilities (electric, gas, wa r individual:	or use from a company ter), telecommunications	- \$
Your share Examples companies No	e of all unused .: Agreements w.s., or others	deposits you have realth landlords, preparents Institute of the landlords	made so that you id rent, public us stitution name o	ou may continue service utilities (electric, gas, wa r individual:	or use from a company ter), telecommunications	- \$
Your share Examples companies No	e of all unused .: Agreements w.s., or others	deposits you have repaid landlords, prepaid rent:	made so that you id rent, public us stitution name o	ou may continue service utilities (electric, gas, wa r individual:	or use from a company ter), telecommunications	- \$
Your shan Examples companies No Yes	e of all unused: Agreements was, or others	deposits you have realth landlords, preparents Institute landlords, preparents Electric: Gas: Heating uil: Security deposit on rerepaid rent: Telephone: Water: Rented furniture:	made so that you id rent, public us stitution name o	ou may continue service utilities (electric, gas, wa r individual:	or use from a company ter), telecommunications	- \$
Your shan Examples companies No Yes	e of all unused: Agreements was, or others	deposits you have realth landlords, preparents Institute landlords, preparents Electric: Gas: Heating uil: Security deposit on rerepaid rent: Telephone: Water: Rented furniture:	made so that you id rent, public us stitution name o	ou may continue service utilities (electric, gas, wa r individual:	or use from a company ter), telecommunications	- \$
Your shan Examples companies No Yes	e of all unused: Agreements was, or others A contract for a	deposits you have realth landlords, preparents Institute landlords, preparents Electric: Gas: Heating uil: Security deposit on rerepaid rent: Telephone: Water: Rented furniture:	made so that you id rent, public of stitution name of stitution na	ou may continue service utilities (electric, gas, wa r individual:	or use from a company ter), telecommunications	\$\$\$\$\$
Your shan Examples companies No Yes	e of all unused: Agreements was, or others A contract for a	deposits you have realth landlords, preparents in the landlords, preparents. Electric: Gas: Heating oil: Security deposit on realth re	made so that you id rent, public us stitution name or stitution na	ou may continue service utilities (electric, gas, wa r individual:	or use from a company ter), telecommunications	- \$

Official Form 106A/B

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			*.		3 1 T.
				•	
Debtor 1	JOSHUA	WILLIAM	COWAN	Case number (#known)	
	First Name Mix	ide Name Last Name			
		 .			
		RA, in an account in a qu /A(b), and 529(b)(1).	alified ABLE program, o	or under a qualified state tuition program	n.
Ø No	33 000(0)(1), 022				
	47146557441514555141414141455454441	··· Institution name and de	scription Sengrately file	the records of any interests.11 U.S.C. § 52	11n)·
			osipion. Copulatory ma	or records or any more such a cross of such	(0).
				······································	\$
					_ \$
					- \$ <u></u>
	equitable or future able for your benef		er than anything listed	in line 1), and rights or powers	
Ø No	abia ior your baller				
	Give specific	<u> </u>			
	mation about them	:			: \$
		Foreign commence of the control of t		· · · · · · · · · · · · · · · · · · ·	
		marks, trade secrets, and names, websites, proceeds			
E No	o. morrior coman, i	rames, websites, proceeds	nom royaldes and mens	ng agreenens	
	Give specific	A CONTRACTOR OF THE CONTRACTOR			
	mation about them	•••			\$
				en de la companya de	
		other general intangibles	itiva accordation haldings	, liquor licenses, professional licenses	
2 No	ar — arrang parring,			, addor nocitoss, professional nocitses	
	Give specific	Wilder College College College			
	nation about them	•			\$
		The second secon		• • • • • • • • • • • • • • • • • • • •	
foney or p	roperty owed to yo	u?			Current value of th
					portion you own? Do not deduct secured
					claims or exemptions.
	nds owed to you				
No No			1 2 4 4 144 1	· · · · · · · · · · · · · · · · · · ·	
☐ Yes.	Give specific information in the specific information in the specific in the s	ation c whether		Federal:	S
1	ou already filed the	returns		State:	\$
•	and the tax years	***************************************		Local:	\$
		** *		and the second of the second o	
e. Family s				•	
	: Past due or lump s	sum alimony, spousal suppo	ort, child support, mainter	nance, divorce settlement, property settlem	ent
Ø No					
w Yes.	Sive specific informa	ition		Alimony:	e
		•		Maintenance:	\$
				Support:	\$
				Divorce settlement:	\$
				Property settlement:	\$
. Other am	ounts someone ov	IAS VOII			
Examples	: Unpaid wages, dis	ability insurance payments.	disability benefits, sick p	ay, vacation pay, workers' compensation,	
	Social Security bei	nefits; unpeid loans you ma	de to someone else		
No No	ive specific informat	,,		er ere kommun og en er	
— 185. €	we specific information	ш о п			\$
					T

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Debtor 1	JOSHUA	WILLIAM	COWAN	Case number (# known)	
	First Name Mid	de Name Lost Name			
31. Interes	ts in insurance pol	cies			•
			ivings account (HSA); cre	dit, homeowner's, or renter's insura	ince
☑ No					
☐ Yes	s. Name the insurance of each policy and	e company Company na list its value	ame:	Beneficiary:	Surrender or refund value
					\$
					e
					e
an 41					<u> </u>
If you a		at is due you from somed a living trust, expect procee has died.		olicy, or are currently entitled to rec	eive
No.					
Yes	. Give specific inform	etion		A Market Control of the Artificial Control o	
		1			s
33 Claims	anainst third north	s, whether or not you hav			
Example	es: Accidents, emplo	yment disputes, insurance of	e nied a lawsuit or mad daims or dobts to sua	e a demand for payment	
₽ No	• •		-		
	. Describe each claim	1.	e e e e e e e e e e e e e e e e e e e	er en	
			the second second second second		s
34. Other co	ontingent and unliq			claims of the debtor and rights	
10 861 0	ff claims	•		areans as and doptor and tilling	
Ø No			e de la companya del companya de la companya de la companya del companya de la co	Action to the commentation of the same	
☐ Yes.	Describe each claim				;
			ex executive and the second	11 to 1 to 2 to 2 to 2 to 2 to 2 to 2 to	s
35. Any fina	ncial assets you did	i not already list			
₩ No			en e	ليستنيون والمحال والمحالة والمحالة والمحالة	men e
Yes.	Give specific information	ation			_
36. Add the	dollar value of all o	f value antriae from Dari A	indudine sur settles f	or pages you have attached	
for Part	4. Write that numbe	r here	mcieunig any emnes r	or pages you nave attached	30.00
D	.				
Part 5:	Describe Any B	usiness-Related Pro	perty You Own or	Have an Interest In. List	any real estate in Part 1.
37. Do you o	wn or have any leas	si or equitable interest in :	any business solated as		
Ma No. G	o to Part 6.	or odermore interest its	any ousiness-related pr	орену/	
	So to line 38.				
					Current value of the
					portion you own? Do not deduct secured claims
					or exemptions,
	receivable or comm	nissions you already earn	ed		
☐ No				•	
Yes. C	escribe		* ***	· · · · · · · · · · · · · · · · · · ·	:
	į.,	e Control distance	9.4.4.		\$
39. Office equ	alpment, furnishing:	s, and supplies		AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR	
Examples: 8	Susiness-related compu	ters, software, moderns, printer	s, copiers, fax machines, rug	s, telephones, desks, chairs, electronic d	levices
U No			_	,	
🔲 Yes. D	escribe		***	7 W	
	*			· · · · · · · · · · · · · · · · · · ·	\$

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Debtor 1	JOSHUA		WILLIAN		COWAN	Cas	se number (# known)		
	First Name	Middle Name	Les	il Name					
40 M achino	me flaturas :	omulamont :	numellas va		siness, and tools				
□ No	iry, iikturos, i	squipiiseiit, s	anthues An	u usa m uu	anesa, and tools	or your trade			
	Describe			***					
									\$
41.Inventor									
□ No	y				und E.S.			 .	
Yes.	Describe								; \$
	,	two co						** **-	
	in partners!	rips or joint	ventures						
□ No									
₩ Yes.	Describe	Name of en	tity;				% of own	ership;	
								%	\$
								%	\$
		·			****			%	\$
43. Custome	r lists, mailir	ıg lists, or ot	lher compil	ations					
Yes. t	Do your lists	include per	sonally ider	ntiflable info	ormation (as defin	ed in 11 U.S.C. §	§ 101(41A))?		
[□ No								
(Yes. Desc	ribe				•	The second of th		, ; , , , , , , , , , , , , , , , , , ,
		*		***	or attackade		* ************************************		
44. Any bush No	ness-related	property you	u did not alı	ready list					
	Sive specific								
inform	ation			······································					\$
									\$
			***						\$
			···		······································	· · · · · · · · · · · · · · · · · · ·			\$
							**************************************		\$
							···		\$
45. Add the d	ollar value o	all of your e	entries from	Part 5, inc	iuding any entrie	s for pages you	have attached		
for Part 5,	Write that n	umber here .	***************	*)*********	•4*4***********	*************		- >	3
						•			
Part 6: D	escribe An you own or i	y Farm- and have an inter	d Comme rest in farm	rcial Fishi land. list it i	ng-Related Pro	perty You Owi	n or Have an inte	rest in	•
	***************************************	·							
Mar No. Go	to Part 7.	y legal or eq	juitable inte	rest in any	farm- or commer	cial fishing-relat	ted property?		
₩ Yes. Go	to line 47,								
									Current value of the
									portion you own? Do not deduct secured claims
47. Farm anim	als								or exemptions.
	Livestock, po	ultry, farm-rak	sed fish						
□ No									
☐ Yes								:	
	; ***.							. ;	\$

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			3 T T T T T T T T T T T T T T T T T T T		
Debtor	JOSHUA Frat Name	WILLIAM Middle Name Lest Name	COWAN	Case number (# known)	
	F## NOIM				
48. Crop	s-either growing	g or harvested			
	Yes. Give specific nformation				\$
49. Fam	n and fishing equi	pment, implements, machin	ery, fixtures, and tools of tr	ade	
	No (es				
_			** *** *** ****		. •
50. Fam		olies, chemicals, and feed			
	/es:				
54 A m.					
31.Any		rcial fishing-related property	y you did not siresby list		
i i	es. Give specific	****			
52. Add	the dollar value o	f all of your entries from Par	t 6, including any entries fo	er pages you have attached	•
for P	art 6. Write that n	umber here			• [*
Part 7:	Describe A	ili Property You Own o	or Have an Interest in	That You Did Not List Abov	8
	ples: Season lickets,	perty of any kind you did no country club membership	t elready list?		
Ø N	es. Give specific	· ····································	••	• • • • • • • • • • • • • • • • • • • •	s
	es. Give specific				\$
					\$
				and the second second second	
54. Add t	he dollar value of	all of your entries from Part	7. Write that number here	·······	s
-Part-8;-	List the To	tals of Each Part of th	is Form		
55. Part 1	: Total real estate	, line 2			s 0.00
56. Part 2	: Total vehicles, i	no 5	\$	0.00	
57. Part 3	: Total personal a	nd household items, line 15	\$8	50.00	
58. Part 4	: Total financial a	ssets, line 36	\$	30.00	
59. Part 5	: Total business-r	elated property, line 45	\$	0.00	
60. Part 6:	: Total farm- and f	Ishing-related property, line	52 \$	0.00	
61. Part 7:	: Total other prop	erty not listed, line 54	+\$	0.00	
62. Total p	personal property	. Add lines 56 through 61,	s <u>8</u>	Copy personal property total	+ \$ <u>880.00</u>
63. Total c	of all property on S	Schedule A/B. Add line 55 + i	ine 62		\$ <u>880.00</u>

Fill in this in	formation to identify your	case:			
Debtor 1		·	COWAN		
	First Name Mi		art Name	Į.	
Debtor 2 (Spouse, if filing)	First Name Mid	ide Name (ast Name		
United States E	lankruptcy Court for the:V	Newson	. 6 / 🖸		
Case number (If known)	Castar	UMICT	ar wisc		Check if this is a amended filing
Official F	orm 106C				
Sched	ule C: The F	Property \	ou Clain	n as Exemp	t 04/16
Ising the prope	rty you listed on Schedule A	/B: Property (Official F	orm 106A/B) as your	source, list the property tha	supplying correct information. t you claim as exempt. If more of any additional pages, write
our name and	case number (if known).				
etirement fund mits the exem	ple statutory limit. Some exist—may be unlimited in despite in despite the aparticular dollar dollar do the applicable statute in the applicable statute.	ollar amount. Howeve amount and the valu	r, if you claim an ex	emption of 100% of fair m	arket value under a law that
Part 1: Ide	entify the Property You	Claim as Exempt			
1. Which set	of exemptions are you clai	ming? Check one only	, even if your spouse	is filing with you.	
You are	e claiming state and federal is claiming federal exemption	nonbankruptcy exempti	ons. 11 U.S.C. § 522		
. For any pro	operty you list on Schedul	e A/B that you claim a	s exempt, fill in the	information below.	
******	ription of the property and li A/B that lists this property	ne on Current value		the exemption you claim	Specific laws that allow exemption
24.7		Copy the value Schedule A/B	from Check only	one box for each exemption.	
Brief description	couch,love seat,	<u>\$75.00</u>	□ \$	***************************************	703 140 (b)(3)
Line from Schedule A	/B: <u>B</u>			f fair market value, up to licable statutory limit	- Washington
Brief description:	2ENDTBL2LAMP:	\$ \$75.00	□ \$ ☑ 100% o	f fair market value, up to	703 140 (b)(3)
Line trom Schedule A	/B: B			licable statutory limit	
Brief description:	HEADBD,DRESS	ER \$75.00	□ s		703 140 (b)(3)
Line from Schedule A				f fair market value, up to licable statutory limit	
				6 th	
🗹 No	idjustment on 4/01/19 and e you acquire the property co				

☐ No

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Debtor 1

JOSHUA

Middle Name

WILLIAM

COWAN

Case number (if known)_

	ion of the property and line VB that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief	חבה	- 75.00	proving.	703 140 (b)(3)
description:	סבט	\$	⊔\$	
Line from Schedule A/B:	<u>B</u>		100% of fair market value, up to any applicable statutory limit	No. of the Control of
Brief description:	TV.STERO.CPHONE	\$350.00	3 \$	703 140 (b)(3)
Line from Schedule A/B:	B		100% of fair market value, up to any applicable statutory limit	
Brief description:	CLOTHES	\$200.00		703 140(b)(3)
Line from Schedule A/B:	<u>B</u>		100% of fair market value, up to any applicable statutory limit	
Brief description:	CASH ON HAND	\$30.00	<u> </u>	703 140 (b)(5)
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	Q \$	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- s	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	***************************************
Brief description:		\$	<u> </u>	
Line from			☐ 100% of fair market value, up to	
Schedule A/B:			any applicable statutory limit	***************************************
Brief description:		\$	\$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief		•	m •	
description: Line from Schedule A/B:		3	□ \$ □ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- s	
Line from Schedule A/B:	1—Y044144		100% of fair market value, up to any applicable statutory limit	
Brief description: -	THE RESERVE OF THE PROPERTY OF	\$	 s 	
Line from Schedule A/B: -			100% of fair market value, up to any applicable statutory limit	
Brief description: -		\$	<u></u> \$	

Debtor 1	JOSHUA	WILLIAM	COWAN
Debro: 1	First Name	Mirde Name	Leet Name
Debtor 2 Spouse, If filing	First Name	Middle Name	Lost Name
Inted States	SHE (N. Di	561CF 07	- Brazin

Check if this is an amended filing

Official Form 106D

1. Do any creditors have claims secured by your property?

Schedule D: Creditors Who Have Claims Secured by Property

Mo. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

Yes. Fill in all of the information below			•	
Part 1: List All Secured Claims				
for each claim. If more than one creditor i	more than one secured claim, list the creditor separately nes a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If eny
2.1	Describe the property that secures the claim:	\$	s:	s
Creditor's Name				
Number Street	As of the date you file, the claim is: Check all that apply.			
	Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of iten. Check all that apply.			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax ilen, mechanic's ilen)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
2.2	Describe the property that secures the claim:	\$. \$1	<u> </u>
Creditor's Name	The state of the second control of the secon	Andreas care		
Number Street	As of the date you file, the claim is: Check all that apply.	i		
4-14-14-14-14-14-14-14-14-14-14-14-14-14	Contingent Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check If this claim relates to a community debt	An agreement you made (such as mortgage or secured car loan) Statutory ilen (such as tax lien, mechanic's ilen) Judgment ilen from a lawsuit Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
Add the dollar value of your entries in	Column A on this page. Write that number here:	5	İ	

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Fill in	this information to identify yo	our case:						
Debtor	JOSHUA	WILLIAM	COWAN					
Deolo	First Name	Libra Name	l art Name					
Debtor (Spouse	2 o, if filing) First Name	Miscle Name	Lest Name	<u>ــــــــــــــــــــــــــــــــــــ</u>				
United	States Bankruptcy Court for the	35tern	consin	1			Cher	ck if this is an
Case n	number	7 00(3						nded filing
Offic	ial Form 106E/F							
	edule E/F: Cred	iitors Wi	ho Have (Unseci	ured Clair	ns		12/15
List the A/B: Pr creditor needed any add	omplete and accurate as poss other party to any executory operty (Official Form 108A/B) rs with partially secured claim , copy the Part you need, fill if ditional pages, write your nam	contracts or une and on Schedule is that are listed t out, number the e and case num	expired leases that e.g.: Executory Co. In Schedule D: Cr. e.g. entries in the booker (if known).	t could resul intracts and (reditors Who	t in a claim. Also i Unexpired Leases Have Claims Secu	list executory co (Official Form 16 ared by Property	intracts on S 38G). Do not . If more spai	cnequie include any ce is
Part 1	List All of Your PRIORI	TY Unsecured	Claims					
	<mark>any creditors have priority</mark> una No. Go to Parl 2. Yes.	secured claims a	sgainst you?					
2. List each non; unse	t all of your priority unsecured in claim listed, identify what type priority amounts. As much as po ecured claims, fill out the Continu an explanation of each type of	of claim it is. If a exsible, list the cla uation Page of Pa	claim has both prior ims in alphabetical irt 1, If more than o	rity and nonpr order accordi ne creditor ho	iority amounts, list t ng to the creditor's i ilds a particular clair	hat claim here an name, if you have	d show both p more than tv	oriority and vo priority
(FOI	an explanation of each type of t	Gain, see the ma	1000015 101 8115 101	m m die mau	dent boomer,	Total claim	Priority	Nonpriority
. –							amount	amount
	OCK COUNTY CHILD SU	JPPORT	Last 4 digits of acc	ount number	0 2 0 1	s <u>2,606.00</u>	\$ 2,606.00) \$ <u>0.00</u>
	ority Creditor's Name 1 S MAIN ST 3RD FLOOF	₹	When was the debt	Incurred?	01/16/2011			
Nu	mber Street							
	ANESVILLE WI	53545	As of the date you	file, the claim	is: Check all that app	ly		
City	AINESVILLE VVI	ZIP Code	Contingent					
W	no incurred the debt? Check one.		Unliquidated					
	Debtor 1 only		☐ Disputed					
	Debtor 2 only		Type of PRIORITY	unsecured o	:laim:			
_	Debtor 1 and Debtor 2 only		Domestic support	obligations				
	At least one of the debtors and another	AL.			u owe the government			
	Check if this claim is for a com-	munity debt	Claims for death of	or personal inju	y while you were			
is 1	the claim subject to offset?		intoxicated					
	No		Other, Specify					
	Yes							
2.2			Last 4 digits of acc	ount number	antimient materians denderte stellening	\$	\$	\$
Prio	rily Creditor's Name	r	When was the debt	incurred?				
Nun	nber Street							
		······	As of the date you l 	file, the claim	is: Check all that appl	у		
			Contingent					
City	State		Unliquidated					
_	io Incurred the debt? Check one.	,	Olsputed					
	Debtor 1 only	•	Type of PRIORITY	unsecured c	lalm:			
	Dabler 2 only	í	Domestic support	obligations				
	Debtor 1 and Debtor 2 only	1	• •	-	owe the government			
	At least one of the debtors and another	iner	Claims for death of	•	-			
Q	Check if this claim is for a com-	munity debt	intoxicated	p	,			
	he claim subject to offset?	ŀ	Other. Specify			_		
	No							
u	Yes							

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	A ·		, , , , , , , , , , , , , , , , , , ,	tive − 1 · · · · · · · · · · · · · · · · · ·			
	loshua w	سندان	am Cou	Case number of	known)		
Deb	First Name Middle Name	Last Name		Out Halling III	1		
Pa	(22. List All of Your NONPRIO	RITY Uns	secured Claims				
3.	Do any creditors have nonpriority u						
	No. You have nothing to report in the Yes	nis part. Su	bmit this form to th	e court with your other schedules.			
4.	List all of your nonpriority unsecure	d claims in	the alphabetical	order of the creditor who holds e	each claim. If a creditor ha	s more tha	n one
	nonpriority unsecured claim, list the cre included in Part 1. If more than one cre	idhor conor	ately for each clain	n. For each claim listed, identify wh	at type of claim it is. Up no	i usi cianna	s areacy
	claims fill out the Continuation Page of	Part 2.	·				
1					0 0 0 0	Total of	aim
4.1	ALLIANT ENERGY Nonortority Creditor's Name			Last 4 digits of account number		\$	168.79
	PO BOX 3062			When was the debt incurred?	11/02/2011		
	Number Street CEDAR RAPIDS	IA	52406				
	City	State	ZIP Code	As of the date you file, the claim	is: Check all that apply.		
	Who incurred the debt? Check one.			Contingent Untiquidated			
	Debtor 1 only			C Disputed			
	Debtor 2 only			Type of NONPRIORITY unsecu	red claim:		
	Debtor 1 and Debtor 2 only At least one of the debtors and another	,		Student loans	.,		
	Check If this claim is for a commu	nity debt		Obligations arising out of a separathat you did not report as priority	ration agreement or divorce		
	is the claim subject to offset?			Debts to pension or profit-sharing	g plans, and other similar debt	5	
	☑ No ☑ Yes			Other, Specify UTILITY/GA	19		
			all-auto silvados sarioles del de l'all'all'alle del de participa.	make a second control to the control of the control	E 0 0 0	•	65.00
4.2	AMERICOLLECT INC Nonpriority Creditor's Name	·		Last 4 digits of account number When was the debt incurred?	12/02/2012	•	
	1851 S ALVERNO RD		······				
	Number Street MANITOWOC	WI	54220	As of the date you file, the claim	is: Check all that apply.		
	Ĉity	State	ZIP Code	Contingent			
	Who incurred the debt? Check one.			☐ Unliquidated☐ Disputed☐			
	Debtor 1 only Debtor 2 only			•			
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecu	irea ciaim:		
				Obligations arising out of a separ	stion agreement or divorce		
	Check if this claim is for a commu- is the claim subject to offset?	miy debt		that you did not report as priority Debts to pension or profit-sharing		i	
	No No			Other, Specify MEDICAL			
	O Yes			د خوان و در المراجعة والمراجعة و المراجعة و المراجعة والمراجعة و المراجعة والمراجعة وا			
4.3	ASSOCIATED COLLECTIONS Nonpriority Creditor's Name	SINC		Last 4 digits of account number		\$	275.00
	PO BOX 1039			When was the debt incurred?	11/22/1013		
	Number Street JANESVILLE	WI	53547				
	City	State	ZIP Code	As of the date you file, the claim	is: Check all that apply.		
	Who incurred the debt? Check one.			Contingent Unliquidated			
	Debtor 1 only Debtor 2 only			☐ Disputed			
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	red claim:		
	At least one of the debtors and another			☐ Student loans			
	Check if this claim is for a commu	nity debt		Obligations arising out of a sepanthat you did not report as priority			
	is the claim subject to offset?			Debts to pension or profit-sharing	plans, and other similar debts		
	Q Yes			MEDICAL MEDICAL			

Official Form 106E/F

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Debt	tor 1 JOSHUA W	ILLIAM	COWAN	Case number (#ion	own}	
Pa.	112: Your NONPRIORITY Uns	ecured C	ilaims — Continuat	ion Page		
Afte	er listing any entries on this page, n	number the	om beginning with 4.	4, followed by 4.5, and so forth.		Total claim
4.4	ASSOCIATED COLLECTOR	S INC		Last 4 digits of account numbe	or <u>2 1 8 0</u>	s_1,500.00
	Nonpriority Creditor's Name PO BOX 816			When was the debt incurred?	09/27/2016	
	Number Street	1 4 12	F0.540	As of the date you file, the clair	m is; Check all that apply.	
	JANESVILLE City Who incurred the debt? Check one.	State	53548 ZIP Code	Contingent Unliquidated Disputed		
	Debtor 1 only			wa Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecu	ured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans Obligations arising out of a septyou did not report as priority da		
	Check if this claim is for a comm is the claim subject to offset?	unity debt		-	ng plans, and other similar debts	
	☑ No ☑ Yes					
4.5	ASSOCIATED COLLECTOR	S INC		Last 4 digits of account number	2 2 8 3	s 600.00
	Nonpriority Creditor's Name PO BOX 816			When was the debt incurred?	11/26/1023	
	Number Street JANESVILLE	WI	53548	As of the date you file, the claim	n is: Check all that apply.	
	City	State	ZiP Code	Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed		
	Debtor 1 only		•			
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	red dalm:	
	At least one of the debtors and anothe	ıf		Student loans		
	Check if this claim is for a commi			you did not report as priority clai		
	is the claim subject to offset?			Debts to pension or profit-sharin Other, Specify MEDICAL	g plans, and other similar debts	
	☑ No ☐ Yes			, , , , , , , , , , , , , , , , , , ,		
4.6	makhan reeksama palambahaha halanka a di param	Para Albandalan bili sandrab	annen Miller (alle), tiller an af för i den () av recommende ich är att mega på blade.	lyn. I I I Thy I The Art of the Art of presidence were independently young adversaring a systelection in	ara dinaharangi mejampan memaja newi mpunya ya 1 Kajari dagan di mpakabupan dajarangan pada disa na para And hela bi da	• 500.00
·	ASSOCIATED COLLECTORS	S NC		Last 4 digits of account number	2200	V
	PO BOX 816			When was the debt incurred?	11/23/2015	
	Number Street JANESVILLE	WI	53548	As of the date you file, the claim	ls: Check all that apply.	
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed	•	
	Debtor 1 only					
	Debtor 2 only			Type of NONPRIORITY unsecur	red claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans		
				Obligations arising out of a separ you did not report as priority dair		
	Check if this claim is for a commu	nity debt		Debts to pension or profit-sharing		
	is the claim subject to offset?			Other, Specify MEDICAL		
	☑ No ☑ Yes					

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Debt	or 1	JOSHUA	WILLIAM Middle Name	COV		Case number (# known)	
Par	1.2:	Your NONP			: :laims — Contin	uation Page	
Afte	r listir	ng any entries	on this page, n	umber the	em beginning wit	h 4.4, followed by 4.5, and so forth.	Total claim
4.7			COLLECTOR	SINC		Last 4 digits of account number TRIP	s 275.00
		ority Creditor's Nam W MILWAU				When was the debt incurred? 11/22/2013	
	Numbe	r Street	NLL OI			As of the date you file, the claim is: Check all that apply.	
	JAN	ESVILLE		State	53547 ZIP Code	Contingent	
	City			4		☐ Unliquidated	
	Who	incurred the de	bt? Check one.			☐ Disputed	
		ebtor 1 only				Type of NONPRIORITY unsecured claim:	
		abtor 2 only abtor 1 and Debte	or 2 only			Student loans	
	☐ At	least one of the	debtors and anothe	r		Obligations arising out of a separation agreement or divorce that	
	Q c	heck If this clai	m is for a commi	unity debt		you did not report as priority claims Debis to pension or profit-shanng plans, and other similar debts	
	Is the	cleim subject	to offset?			Other. Specify MEDICAL	
	E N	0					
	☐ Ye	9\$					
<u>, , , , , , , , , , , , , , , , , , , </u>			ر چېږي و د و پېښو د په مانو و د پې د پې د و و پېښو	to respect to the section of the section of	and with their Principles		
4.8	ATG	CREDIT LI	C			Last 4 digits of account number 7 7 5 6	s 55.00
		ority Creditor's Nam				When was the debt incurred? 12/02/2015	
		W CORLA	ND ST			When was the debt incurred? 12/02/2015	
	Numbe	r Street		IL	60622	As of the date you file, the claim is: Check all that apply.	
	City		······································	State	Z/P Code	Contingent	
	Who	incurred the de	bt? Check one.			☐ Unliquidated ☐ Disputed	
		abtor 1 only				Carried	
	C De	ebtor 2 only				Type of NONPRIORITY unsecured claim:	
		ebtor 1 and Debt	or 2 only debtors and anothe			Student loans	
			•			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
			m is for a commi	inity debt		Debts to pension or profit-sharing plans, and other similar debts	
		cialm subject	to offset?			Other. Specify MEDICAL	
	M No						
					-Current da har management and another than hardeness	The second secon	36.00
4.9	m (m) t	ヘオー・ア・・・	LOVOTELL			Last 4 digits of account number 8 2 6 8	\$ 30.00
	Nonprk	OIT HEALT	H SYSIEM			When was the right incurred? 02/07/2014	
	1969	W HART F	RD			When was the debt incurred? 02/01/2014	
	Numbe			WI	53511	As of the date you file, the claim is: Check all that apply.	
	City	<u> </u>		State	ZIP Code	Contingent	
	Who	Incurred the de	ht? Check one			Untiquidated	
		iblor 1 only	Wilder Gildr			☐ Disputed	
		obtor 2 only				Type of NONPRIORITY unsecured claim:	
	O De	ebtor 1 and Debto				☐ Student loans	
	CI AL	least one of the	debtors and another	•		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Ci Ci	neck if this clai	m is for a commu	inity debt		Debts to pension or profit-sharing plans, and other similar debts	
		claim aubject	to offset?			Other. Specify MEDICAL	
	No Ye						

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Caffeet Control Contro

	Debtor 1	JOSHUA	WILLIAM		WAN	Case number (# known)		
	omeles unit vitti tell	First Name	Middle Name	Lasi Na	m o			
	Part 2:	List All of Y	our NONPRIC	ORITY U	secured Claim	\$		
		. You have noth	-		claims against ye ubmit this form to t	ou? he court with your other schedules.		
	nonprio include	onity unsecured d in Pert 1. if m	claim, list the cr	editor sepa editor hold	arately for each cla	il order of the creditor who holds each claim. If a creditor him. For each claim listed, identify what type of claim it is. Do not, list the other creditors in Part 3.If you have more than three n	ot list claim conpriority (s already unsecured
/† · €7	<u></u>						Total c	laim
4	<u> </u>	CKHAWK T				Last 4 digits of account number 5 8 5 2	•	800.00
		ority Creditor's Name				When was the debt Incurred? 08/13/2013	\$	
	Number	3OX 5009		·····				
	JANI	ESVILLE		WI	53547			
	City			State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
						Contingent		
	-	ncurred the del	ot7 Check one.			Unliquidated		
	_	btor 1 only btor 2 only				₩ Disputed		
		btor 1 and Debtor	2 only			Type of NONPRIORITY unsecured claim:		
			ebtors and another	r		Student loans		
	C) Ch	ack if this clain	i is for a commo	inity debt		Obligations arising out of a separation agreement or divorce		
		claim subject to		anny cont		that you did not report as priority claims		
	Ø No		J 011501 1			 Debts to pension or profit-sharing plans, and other similar debt Other, Specify MEDICAL 	S	
	Q Yes					wo Outer, Spoury services of the		
4 F.	77				The fellower of a sun space was a second and a space.			105.00
十。此	Lud		OIT SERVICE	ES		Last 4 digits of account number $\frac{4}{08/27/2016}$	\$	105.00
		ity Creditor's Name	UH L DD			When was the debt incurred? U8/27/2075		
	Number	ORPORATE Street	MILL DR			-		
	ST C	HARLES		МО	66301	As of the date you file, the claim is: Check all that apply.		
	City			State	ZIP Code	☐ Contingent		
	Who In	curred the deb	t? Check one.			☐ Unfiguidated		
	2 Det	otor 1 only				☐ Disputed		
		otor 2 only				Type of NONPRIORITY unsecured claim:		
		otor 1 and Debtor	2 only blors and another					
						Student loans Obligations arising out of a separation agreement or divorce		
	LI Che	ock if this claim	is for a commu	nity debt		that you did not report as priority claims		
		dalm subject to	offset?			Debts to pension or profit-sharing plans, and other similar debts of Other, Specify MEDICAL	;	
	¥ZINo ☐ Yesi					Other, Specify WILDIOAL		
A ITO	T Tes		The same court indicates the same by the same and		When the construct was expenses that the same	The state of the s		
一,此		SE BANK				Last 4 digits of account number 0 8 2 2		250.00
	•	ly Creditor's Name PARK AVE				When was the debt incurred? 10/28/2016	3	200.00
	Number	Street						
		YORK		NY	10017	As of the date you file, the claim is: Check all that apply.		
	City			State	ZIP Code	=		
		curred the debt	7 Check one.			☐ Contingent☐ Unliquidated		
		lor 1 only				☐ Unliquidated ☐ Disputed		
		tor 2 only tor 1 and Debtor 2	. nah					
		or 1 and Debtor 2 ast one of the det				Type of NONPRIORITY unsecured claim:		
						Student loans		
	☐ Che	CK If this cialm i	s for a commun	ity debt		Obligations arising out of a separation agreement or divorce		
	_	alm subject to	offset?			inal you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	₩ No					Other. Specify BANK FEE		
	Yes							

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Deb	otor 1 JOSHUA WILLIAM First Name Middle Name	COV		Case number (# known)		
Pa	rt 2: Your NONPRIORITY Uns	ecured C	laims — Conti	nuation Page		
Aft	er listing any entries on this page, n	umber the	m beginning wi	th 4.4, followed by 4.5, and so forth.	T	otal claim
4 _ 13	CITY OF BELOIT MUNICIPA Nonpriority Creditor's Name	L COUR	T	Last 4 digits of account number 2 3 2 3	\$_	401.00
	100 STATE ST			When was the debt incurred? 08/17/2014		
	Number Street BELOIT	WI	53511	As of the date you file, the claim is: Check all that apply.		
	Chy	State	ZIP Code	Contingent		
	Who incurred the debt? Check one. Debtor 1 only			Unliquidated Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only At least one of the debtors and anothe Check if this claim is for a commit			 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	is the claim subject to offset?	anny Geot		Debts to pension or profit-sharing plans, and other similar debts Other. Specify FINE		
	☐ Yes					
4,14	CITY OF BELOIT MUNICIPAL	L COURT		Last 4 digits of account number 2 3 2 3	s_	338.00
	Nonpriority Creditor's Name 100 STATE ST			When was the debt incurred? 08/17/2014		
	Number Street BELOIT	WI	53511	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	·		. ••••	Unilquidated		
	Who incurred the debt? Check one.			☐ Disputed		
	Debtor 1 only Debtor 2 only			Type of NONDBIODITY (seconds define)		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and enother			Student loans		
	Check if this claim is for a commu			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	is the claim subject to offset?	-		Debts to pension or profit-sharing plans, and other similar debts Other, Specify, FINE		
	☑ No ☐ Yes					
4,15	CITY OF BELOIT MUNICIPAL	COURT	90.18 Regional (\$2.50 ptm. of 10.5 \$77 \$140.	Last 4 digits of account number 2 4 9 4	\$	124.00
	Nonpriority Creditor's Name 100 STATE ST			When was the debt incurred? 07/23/2014		
	Number Street BELOIT	WI	53511	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	□ Contingent		
	Who incurred the debt? Check one.			☐ Unilquidated ☐ Disputed		
	Mar Debtor 1 only					
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			Student loans		
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that		
	Check if this claim is for a commun	nity debt		you did not report as priority claims		
	is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other, Specify FINE		
	No No					
	☐ Yes					

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ı	Debtor 1	JOSHUA First Nome	WILLIAM Middle Name	COV			Case number	(f known)		
	Part 2:	List All of Yo	our NONPRI	DRITY U	nsecured	i Claims				
_		y creditors have . You have nothi s			_	•	? court with your other schedules.	•		
•	nonprid	ority unsecured c	laim, list the cr ore than one cr	editor sep editor hold	arately for e	each claim.	rder of the creditor who holds For each claim listed, identify w st the other creditors in Part 3.If	hat type of claim it is. Do n	ot list da	uheenle ami
* ==	-								Tota	i claim
41	CITY	OF JANES	/ILLE				Last 4 digits of account numbe	r 6 8 4 5		
• •		rity Creditor's Name		······································	***************************************				\$	275.00
		3OX 457					When was the debt incurred?	11/22/2013		
	Number I A N I	Street ESVILLE		WI	60090					
	City	-OVILLE		State	ZIP Code		As of the date you file, the claim	n is: Check all that anniv.		
								in ter enten an ana appry.		
	Who	ncurred the debt	7 Check one.				Contingent Unliquidated			
	☑ De	blor 1 only					Disputed			
		btor 2 only								
		btor 1 and Debtor 2					Type of NONPRIORITY unsec	ured claim:		
	Li At	east one of the del	otors and another	•			☐ Shident loans			
	C Ch	eck if this claim	is for a commu	initu daht			Obligations arising out of a sepa	tration agreement or divorce		
		cialm subject to		and cour			that you did not report as priority	/ claims		
	₩ No	orann subject to	CHEST				Debts to pension or profit-shartn Other, Specify FINE	g plans, and other similar debi	s	
	☐ Yes	•					Other, Specify THAC		-	
استوار							a a printer herbore on a come on come of species on our should not such species from the constitution was species to be			
4,0		OF ROCK C	OUNTY MU	NICIPAL	_ COURT	ŗ .	Last 4 digits of account number	0 8 2 2	\$	2,641.11
• •		ty Creditor's Name					When was the debt incurred?	01/20/2015		
		OUTH MAIN S	ST							
	Number I A NI	Street SVILLE		18/6	COFAC		An of the data can file the stee			
	City	JVILLE		WI State	53545 ZIP Code		As of the date you file, the claim	is: Check all that apply.		
	len - tu				21 0000		Contingent			
		curred the debt?	Check one.				Unliquidated Disputed			
		tor 1 only				`	☐ Disputed			
		tor 2 only for 1 and Debtor 2				1	Type of NONPRIORITY unsacu	rad alaim.		
		ast one of the debt				,	-	rou ciami.		
						_	J Student loans Obligations erising out of a separa	otion comment as discuss		
	Che Che	ck if this claim is	for a commun	ilty debt			that you did not report as priority of	dalms		
		laim subject to o	ffset?			_	Debts to pension or profit-sharing	plans, and other similar debts		
	No.					4	Other, Specify FINE	····		
A. (4.65)	¥ 106	·	·							
418	CRED	ITOR COLLE	CTION SER	RVICE				4 0 0 0	يهر پاويندو بدلاحته ده	
20	Nonpriority	Creditor's Name						<u>4 3 0 2</u>	\$	1,400.00
		STATE ST #	300			W	Then was the debt incurred?	09/18/2016		
	Number ROCK	Street FORD		IL	61101					
	City	· OILO		State	ZIP Code	A	s of the date you file, the claim is	s: Check all that apply.		
	140						_	•••		
		urred the debt?	Check one.			_				
	Debto					ā	· · · · · · · · · · · · · · · · · · ·			
		r 2 only r 1 and Debtor 2 or	nlu							
	At fea	st one of the debto	rs and another			T	pe of NONPRIORITY unsecum	ed claim:		
							Student loans			
		k if this claim is		ry debt				tion agreement or divorce		
		lm subject to off	set?			Ω	that you did not report as priority of Debts to pension or profit-sharing p	aims		
	No Yes					9	Other. Specify MEDICAL	иння, апо other similar debis		
							ab ann't Villeston (25) of			

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Det	otor 1 JOSHUA WILLIA			Case number (# known)	
<u>.</u> Pa	Frii Name Middle Name	List No Jnsecured C		nuation Page	
Aff	ter listing any entries on this pag	e, number the	am beginning wi	th 4.4, followed by 4.5, and so forth.	Total claim
4 19	CREDITOR COLLECTION	N SERVICE		Last 4 digits of account number 1 8 2 4	s 401.00
	Nonpriority Creditor's Name 2509 S STOUGHTON RD	: •		When was the debt incurred? 07/12/2015	
	Number Street			As of the data you file, the claim is: Check all that apply.	
	ROCKFORD	State	61101 ZIP Code	Contingent	
	cay	3000	ZIF COU	Unliquidated	
	Who incurred the debt? Check on	₽.		☐ Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			* 1 	
	At least one of the debtors and ar	other		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a co	mmunity debt		you did not report as priority claims	
	is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify MEDICAL	
	☑ No			A Annual	
	☐ Yes				
A [e de la la companya de la companya d
4.20	CREDITORS PROTECTIO	N SERVIC	<u> </u>	Last 4 digits of account number 8 4 7 9	s 65.00
	308 W STATE ST # 485			When was the debt incurred? 02/07/2014	
	Number Street			As of the date you file, the claim is: Check all that apply.	
	ROCKFORD City	IL State	61110 ZiP Code		
	•		27 4025	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one).		Oisputed	
	Debtor 1 only Debtor 2 only			T of MANDOLODISM	
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and an	other		 Student loans Obligations arising out of a separation agreement or divorce that 	
	Check if this claim is for a cor	nmunity debt		you did not report as priority claims	
	is the claim subject to offset?	·		Debts to pension or profit-sharing plans, and other similar debts Other, Specify MEDICAL	
	☑ No			as Origi, Grandy Williams of Carlotte Company	
	Yes				
4 21	g profession in compact 2 d a constitution about 4 a. or face bright \$100 species \$100 map and on the constitution of	To print up and the his his his Toronto proper us an	e describitations and the second	The control of the co	s 1,320.00
4,81	CREDITORS PROTECTIO	N SERVICE	<u>=</u>	Last 4 digits of account number 0 0 4 7	\$ 1,320.00
	Nonpriority Creditor's Name			- When was the debt incurred? 07/02/2012	
	308 WEST STATE ST# 48	5		When was the debt incurred? U7/02/2012	
	ŔŎĊĶĔŎŔĎ	IL	61101	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent	
	Who incurred the debt? Check one			Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	ihar		Student loans	
	At least one of the debtors and and			Obligations arising out of a separation agreement or divorce that	
	Check If this claim is for a com	munity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	is the claim subject to offset?			Other, Specify MEDICAL	
	☑ No ☑ Yes				
	A 162				

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	Debtor	JOSHUA First Name	WILLIAM Nucleo Name	COW Last Harris	,	Case number (# known)		······································
	Part	21 List All of	Your NONPRIC	RITY Uns	secured Clain	ns		
,	4. Lis	Yes t all of your nonp	thing to report in the creation of the creatio	his part. Su d claims in editor separeditor holds	bmit this form to the alphabetic	you? I the court with your other schedules, I all order of the creditor who holds each claim. If a creditor has aim. For each claim listed, identify what type of claim it is. Do not m, list the other creditors in Part 3.	l list cian	nie aneacy
	ų a		idiluacotti ago oi	1 411 41			Total	claim
4-1	- 1	REDITORS P		SERVICE	:	Last 4 digits of account number 0 0 6 4		405.00
•	3	onpriority Creditor's Nar 08 WEST STA				When was the debt incurred? 06/20/2011	V.,	<u></u>
		umber Street ROCKFORD		IL	61101			
	W C C C C	Who incurred the did not	tor 2 only debtors and another Ilm is for a commu		ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unilquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Oebits to pension or profit-sharing plans, and other similar debts Other. Specify MEDICAL	ı	
41		EANS CLINIC onpriority Creditor's Nam 802 W BELTLI	18			Last 4 digits of account number 0 8 2 2 When was the debt incurred? 06/20/2012	\$	3,000.00
		umber Street IADISON by		WI State	53713 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent		
		The incurred the displayment of	or 2 only debtors and another Im is for a commu to offset?	inity debt		☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debte to pension or profit-sharing plans, and other similar debts ☐ Other. Specify MEDICAL		
44	No 11	EANS CLINIC expriority Creditor's Name 802 W BELTLI	ė			Last 4 digits of account number 1 2 0 2 When was the debt incurred? 11/27/2016	\$	800.00
	М	IMDISON		WI	53713	As of the date you file, the claim is; Check all that apply.		
		ho incurred the deficiency of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 1 and Debtor 1 and Debtor 1 and Debtor 1 d	or 2 only debtors and another m is for a commu		ZiP Code	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify MEDICAL		

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	Debtor 1	JOSHUA Frankame	WILLIAM Middle Name	COV	** ** *	Case number (# known)	
	Part 2:	Your NONP	RIORITY Uns	ecured C	ilaims — Contin	uation Page	
•	After listi	ing any entries	on this page, r	number the	em beginning wit	h 4.4, followed by 4.5, and so forth.	Total claim
4,			OF EDUCAT	TON		Last 4 digits of account number 6 9 2 5	ş 9,938.00
	•	forfly Creditor's Nem 5 PARKER 1				When was the debt incurred? 10/02/2014	
	Numb	er Street	10 # 400			As of the date you file, the claim is: Check all that apply.	
	AUI	RORA		CO	80014 ZIP Code	Contingent	
	Who	Incurred the de	bt? Check one.			☐ Unliquidated ☐ Disputed	
		ebtor 1 only ebtor 2 only				Type of NONPRIORITY unsecured claim:	
		ebtor 1 and Debto	r 2 only			Student loans	
	□ A	t least one of the o	debtors and anothe	er		Obligations arising out of a separation agreement or divorce that	
	□ c	heck if this clai	m is for a comm	unity debt		you did not report as priority dalms Debts to pension or profit-sharing plans, and other similar debts	
		e claim subject t	lo offset?			Other. Specify	
	22 N						
4.2	E6 DEF	PARTMENT	OF EDUCAT	ION	ran gangu ga y Carry ang ali Mala ya Alabadan na la	Last 4 digits of account number 1 7 5 0	s 1,750.00
·	Nonpri	ority Creditor's Name	l			When was the debt incurred? 08/28/2015	
	391	5 PARKER F	SD C		<u> </u>		
		RORA		CO	80014	As of the date you file, the claim is: Check all that apply.	
	City			Siate	ZIP Code	Contingent Unliquidated	
	Who	incurred the del	bt? Check one.			Disputed	
		ebtor 1 only				,	
		ebtor 2 only abtor 1 and Debto	. 3			Type of NONPRIORITY unsecured claim:	
			ebtors and anothe	ır		Student loans Obligations arising out of a separation agreement or divorce that	
			n is for a commi			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
		claim subject t		antity Gode		Debts to pension or profit-sharing plans, and other similar debts	
	Ø No		o onour:			Other. Specify	
	☐ Ye						
4.2	7					erter water trade the trade of the state of	850.00
T, E	DIVE	ERSIFIED CO	ONSULTANT	S	*	Last 4 digits of account number 5 5 8 8	\$ 650.00
	=	3OX 551268				When was the debt incurred? 11/16/2014	
	Number	Street KSONVILLE		ĖL.	32255	As of the date you file, the claim is: Check all that apply.	
	City	NOUNVILLE		State	ZIP Code	Contingent	
	Who!	ncurred the deb	d2 Charl and			Unliquidated	
	_	ncurrea ase aec btor 1 only	it i Unidex ONE.			Disputed	
		btor 2 only				Type of NONPRIORITY unsecured claim:	
	Q De	btor 1 and Debtor	•			Student loans	
	Q At	least one of the di	יטועטום מות מוטעומי	•		Obligations arising out of a separation agreement or divorce that	
	C Ch	eck if this claim	is for a commu	nity debt		you did not report as priority claims	
	is the	claim subject to	offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify CELL PHONE	
	M No					The state of the s	
	☐ Yer	\$					

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	Debtor 1	JOSHUA First Name	WILLIAM Middle Name	COV		Case number (#known)						
	Part 2:	List All of Y	our NONPRI		nsecured Ci	alms						
=		creditors hav										
	No.	No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes										
	included	nty unsecured (ciaim, list the c ôre than one ci	reditor sepi reditor hold	trainly for each	etical order of the creditor who holds each claim. If a creditor had claim. For each claim listed, identify what type of claim it is. Do not laim, list the other creditors in Part 3.ff you have more than three in the claim.	والمستمام ومعاهاه فعثا فع					
۸. A5	וקיי						Total claim					
牛,是		RIS & HARF	RIS			Last 4 digits of account number 2 7 5 5	FF 05					
		ity Creditor's Name	l GBP DI VO			When was the debt incurred? 03/10/2016	s 55.00					
	Number	V JACKSON Street	SH BLVD			When was the debt inclified?						
	CHIC	AGO		IL	60604							
	City		"	State	ZIP Code	As of the date you file, the claim is: Check all that apply.						
						Contingent						
		curred the deb	17 Check one.			☐ Unliquidated						
		tor 1 anly tor 2 anly				☐ Disputed						
		tor 1 and Debtor:	2 only			Type of NONPRIORITY unsecured claim:						
		ast one of the de		3 <i>f</i>								
	O cha	ale 18 st.l	1- 0			Student loans						
		ck if this claim		unity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	is the c	laim subject to	offset?			Debts to pension or profit-sharing plans, and other similar debt	s					
	Q Yes					Other. Specify MEDICAL						
A 57	ìr		*** ******		er terromature et eror race popularies							
4. 世		IS & HARRI	S			Last 4 digits of account number 2 6 7 7	s150.00					
• ,	-	Creditor's Name				When was the debt incurred? 12/05/2015						
	111 VV Number	JACKSON Street	BLVD	· · · · · · · · · · · · · · · · · · ·								
	CHICA			1L	60604	As of the date you file, the claim is: Check all that apply.						
	City			State	ZIP Code							
	Who inc	urred the debt	Chack one			☐ Contingent ☐ Unliquidated						
	Debto		Onoca one,			O Disputed						
	Debto	r 2 only										
		r 1 and Debtor 2				Type of NONPRIORITY unsecured claim:						
	LI At lea	deb ent to eno ta	tors and another			Student loans						
	☐ Chec	k If this claim i	s for a commu	nity debt		Obligations arising out of a separation agreement or divorce						
		im subject to c				that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts						
	Mo No					Other. Specify						
MT	Q Yes											
4 1	IC SYS	TEMS COL	LECTIONS	******		The state of the s	ent de la company de la compan					
, ,	Nonpriority (Creditor's Name				Last 4 digits of account number 7 2 2 1	s 365.00					
		X 64378				When was the debt incurred? 07/11/2011						
	Number ST PAL	Street !!		MANI	EE4C4	_						
	City	<u>/ </u>		MN State	55164 ZIP Gode	As of the date you file, the claim is: Check all that apply.						
	Who look	rred the debt?			27 QQQ	☐ Contingent						
	Debtor		CHECK Offe.			Unliquidated						
	Debtor					☐ Disputed						
		1 and Debtor 2 o	nly									
		one of the debto				Type of NONPRIORITY unsecured claim:						
	Check	if this claim is	for a communi	itu dahi		O Student loans						
		n subject to of		ny uoot		Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	No No	Judject to On	19 0 1 (Debts to pension or profit-sharing plans, and other similar debts						
	Yes					Other. Specify MEDICAL						

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De	btor 1	JOSHUA First Harme	WILLIAM Middle Name	COV		Case number (# lower)	
P.	art 2:				claims — Contir	nuation Page	
Af	ter listi	ng any entries	on this page, n	umber the	em beginning wi	th 4,4, followed by 4.5, and so forth.	Total claim
4, 31			AMERICAN	ER PHY	S	Last 4 digits of account number 0 4 6 0	s 102.0
	-	ionity Creditor's Nam BOX 3261	18			When was the debt incurred? 06/27/2015	
	Numb	er Street				As of the date you file, the claim is: Check all that apply.	
	MIL.	WAUKEE		WI State	53201	Contingent	
	•					Unliquidated	
			ebt? Check one.			☐ Disputed	
		ebtor 1 only ebtor 2 only				Type of NONPRIORITY unsecured claim:	
		ebtor 1 and Debt	or 2 only			Student loans	
	☐ A	t least one of the	debtors and anothe	3 f		Obligations arising out of a separation agreement or divorce that	
	□ c	heck if this cla	lm is for a comm	unity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	ls the	cialm subject	to offset?			Other. Specify MEDICAL	
	Ø N						
	ÇI Y	95					
41 DO	7	relation of a cours be so book belon to the	um o a primi fau que a devenha a desta a son com			Charles and the state of the st	int, in its at a because to toler of the files.
4, 32	HC	-SWEDISH	AMERICAN E	R PHYS	3	Last 4 digits of account number 1 2 1 0	s 510.0
•		ority Creditor's Nam				When was the debt incurred? 11/26/2013	
	PO	BOX 3261				Finds was tild door incustors	
		WAUKEE		WI	53201	As of the date you file, the claim is: Check all that apply.	
	City			State	ZIP Code	Contingent	
	Who	incurred the de	bt? Check one.			Unitquidated Disputed	
		abtor 1 only				Uspated	
		obtor 2 only				Type of NONPRIORITY unsecured claim:	
		ebtor 1 and Debto	•			☐ Student loans	
	LJ At	least one of the	debtors and anothe	đ		Obligations arising out of a separation agreement or divorce that	
	CI CI	neck if this cial	m is for a commi	unity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	_	claim subject	to offset?			Other, Specify MEDICAL	
	₩ No						
	☐ Ye	98					
4. 33		*** **** **** **** *** *** *** *** ***	the to MAR to "second subserve destrood over second destroods".		00.0 V 100.000 UN 1 0.01 V 0 0.000 JM	0.04.9	s 275.00
•		WEST DEN				Last 4 digits of account number 0 9 4 8	
	•	RIVERSID				When was the debt incurred? 01/02/2014	
	Number						
	BEL	ÖÏ		W)	53511	, , , , , , , , , , , , , , , , , , ,	
	City			State	ZIP Code	☐ Contingent ☐ Unliquidated	
	Who i	ncurred the de	bt? Check one.			☐ Disputed	
		btor 1 only					
		btor 2 only	* 2 aab:			Type of NONPRIORITY unsecured claim:	
		bior 1 and Debto	r 2 only lebiors and enother	,		☐ Student loans	
						 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
			m is for a commu	inity debt		Debts to pension or profit-sharing plans, and other similar debts	
		ciaim subject t	o onset7			other, Specify MEDICAL	
	⊠ №						

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	Dabtor 1	JOSHUA Frei Name	WILLIAM Middle Name	COW		Case number (#known)	
	Part 2:				secured Cial	ทธ	
;			•		claims against bmit this form to	you? the court with your other schedules.	· · · · · · · · · · · · · · · · · · ·
4	nonpriori included	ity unsecured of in Part 1. If me	dalm, list the cre	editor sepai editor holds	rately for each cl	cal order of the creditor who holds each claim. If a creditor halam. For each claim listed, identify what type of claim it is. Do nom, list the other creditors in Part 3.If you have more than three r	ot list claims already
<u> </u>	7 101						Total claim
T, 19-			SEMENT SE	RVICE		Last 4 digits of account number 8 0 1 4	. 740 nn
		ty Creditor's Name AST STATE Street	EST			When was the debt incurred? 05/01/2009	3
	ROCK	(FORD	<u>, , , , , , , , , , , , , , , , , , , </u>	IL State	61110 ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Debt	curred the deb for 1 only for 2 only for 1 and Debtor				Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:	
	☐ At lea	ast one of the de ck if this claim	btors and another			Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
A1	is the ci	alm subject to	offset?			Debts to pension or profit-sharing plans, and other similar debt Other. Spacify MEDICAL	S
4.世	Nonpriority 5503 C	Creditor's Name	EDIT CORP			Last 4 digits of account number 0 2 2 8 12/05/2012	\$ 835.00
	ALEXA City	Street NDRIA		VA State	22312 ZIP Code	As of the date you file, the claim is: Check all that apply.	
	·		7 Check one.	~~~	E.1 (0000	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Debto	r 1 and Debtor 2				Type of NONPRIORITY unsecured claim:	
			tors and another s for a commun	iltv debt		Student loans Obligations arising out of a separation agreement or divorce	
		ilm subject to	offset?	·		that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify MEDICAL	
4. B	Nonpriority (INANCIAL Creditor's Name				Last 4 digits of account number 5 2 3 3 When was the debt incurred? 05/27/2011	ş 200.00
	Number	Street	······································				
	HORSH	HAM		PA State	19044 ZIP Code	- As of the date you file, the claim is: Check all that apply.	
	Debtor	2 only	Check one.			Contingent Unliquidated Disputed	
		1 and Debtor 2 of the debt				Type of NONPRIORITY unsecured claim:	
	Check Is the clai		for a communi	ty debt		Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Detection or profile-sharing plans, and other similar debts	
	Yes Yes					See Other, Specify MEDICAL	

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D	eptor 1	COWAN	Case number (# known)	
****	First Name Middle Name	Last Name		
_	Part 2: Your NONPRIORITY Unsecu	red Claims — Continus	tion Page	
4	After listing any entries on this page, numb	er them beginning with 4	.4, followed by 4.5, and so forth.	Total claim
4, 3	PETER A SAVIBSKI LAW OFFIC	DE	Last 4 digits of account number 0 8 2 2	s 1,356.56
	Nonpriority Creditor's Name 838 N MAIN ST		When was the debt incurred? 02/03/2014	
	Number Street		As of the date you file, the claim is: Check all that apply.	
	ROCKFORD IL		Contingent	
	City	21 000	Unliquidated	
	Who incurred the debt? Check one.		☐ Disputed	
	Debtor 1 only		Time of NONDRIGORITY incoming disimi	
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured daim:	
	At least one of the debtors and another		Student loans Obligations grising out of a separation agreement or divorce that	
	Check If this claim is for a community	r debt	you did not report as priority claims	
	is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts Other, Specify_ATTORNEY_FEE	
	M No		Cuser, Spaciny	
	☐ Yes			
A	Marriagna mandan man sam nas saminas samin s	pangaya majang ming angangganggang anganggan ang ban andardar sa 1 Mai amba	e e l'annière de l'annière de la commentación de la	ganta and garage to be reprinted as the second of the second
4.38	PORTFOLIO RECOVERY ASSO	CIATES LLC	Last 4 digits of account number 0 8 2 2	s_2,200.00
	Nonpriority Creditor's Name 120 CORPORATE BLVD		When was the debt incurred? 11/23/2015	
	Number Street		As of the date you file, the claim is: Check all that apply.	
	NORFOLK V		□ Contingent	
	OA)	ar con	Unliquidated	
	Who Incurred the debt? Check one.		☐ Disputed	
	Debtor 1 only		Town of NONDRIODITY areas and delivery	
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		 Student loans Obligations arising out of a separation agreement or divorce that 	
	☐ Check If this claim is for a community	debt	you did not report as priority claims	
	is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT CARD	
	€ No		Conter. Specify CALCAT CARC	
	Yes			
<u> </u>	Contraction and many A residence of the state of the stat	de te la gate terme a terme de la proposition de la colonia de la coloni		s 126.00
1. 59	LI REICH CHIROPRATIC CLINIC		Last 4 digits of account number 1 6 9 8	\$ 126.00
•	Norpriority Creditor's Name 1831 BLANKHAWK BLVD. 1973	of Pagaichaw	When was the debt incurred? 07/15/0205	
	Number Street SOUTH BELOIT IL	61080	As of the date you file, the claim is: Check all that apply.	
	City Stat		☐ Contingent	
	Marie de la constanta de la compansa		☐ Unliquidated	
	Who incurred the debt? Check one.		C Disputed	
	Debtor 1 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		Student loens	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a community	debt	you did not report as priority claims	
	is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts Other, Specify MEDICAL	
	₩ No			
	D v			

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	Debi	tor 1 JOSHUA WILLIAM	COW	<u>N</u>	Case number (# known)	 	
		First Name Middle Name	Lost Name				
	Pa	124 List All of Your NONPRIO	RITY Uns	ecured Claims			
		Do any creditors have nonpriority un No. You have nothing to report in th Yes					
	İ	nonnriority unsecured claim, list the cred	ditor separa titor holds :	ately for each clair	order of the creditor who holds each claim. If a creditor han, For each claim listed, identify what type of claim it is. Do no list the other creditors in Part 3.If you have more than three no	it list claims onpriority ur	aiready isecured
Λ	<i>/</i>)/				0.4.5.0	Total cla	រតា
+ 3		ROCK COUNTY Nonpriority Creditor's Name			Last 4 digits of account number 3 1 5 2	\$	440.00
		200 EAST US HIGHWAY 14	<u>,</u>		When was the debt incurred? 11/12/2014		
		JANESVILLE	WI	53545			
		City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
		Who incurred the debt? Check one. Debtor 1 only			☐ Contingent ☐ Unliquidated ☐ Discuted		
		Debtor 2 only					
		Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecured claim:		
		_			Student leans Obligations arising out of a separation agreement or divorce		
		Check If this claim is for a commun	alty debt		that you did not report as priority claims		
		is the claim subject to offset?			 Debts to pension or profit-sharing plans, and other similar debts Other, Specify HUBER FEES 	\$	
		☐ Yes			Coner. Specify 1100E111 EEO		
٨	411	DOOK OOKNITY		Mar radio area seda a se s a se e se se se se sede casa	Last 4 digits of account number 3 1 5 2		894.75
4:	шЛ	ROCK COUNTY Nonpriority Creditor's Name	······································	**************************************	Last 4 digits of account number 3 1 5 2 When was the debt incurred? 11/12/2014	J	
		200 EAST US HIGHWAY 14			Trion was die soot meeriod?		
		Number Street	144	cocac	As of the date you file, the claim is: Check all that apply.		
		JANESVILLE City	WI State	53545 ZIP Code	_		
		Who incurred the debt? Check one.			☐ Contingent ☐ Unliquidated		
		Debtor 1 only			☐ Disputed		
		Debtor 2 only					
		Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
		At least one of the debtors and another			Student loans Obligations arising out of a separation agreement or divorce		
		Check If this claim is for a commun	ity debt		that you did not report as priority claims		
		is the claim subject to offset?			 Debts to pension or profit-sharing plans, and other similar debts Other. Specify HUBER FEES 		
		☐ Yes					
1	切	ROCKFORD HEALTH SYSTEM		nd and headher their anneaths, became to their	Last 4 digits of account number1 _1 _G _6		
V_{i}	<u> </u>	Nonpriority Creditor's Name		Commence of the Commence of th	When was the debt incurred? 10/28/2016	\$	350.00
		2300 N ROCKTON AVE					
			IL	61103	An of the date year file the states for Charles I they work.		
		City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
		Who incurred the debt? Check one.			Contingent Unliquidated		
		Debtor 1 only Debtor 2 only			☐ Disputed		
		Debtor 1 and Debtor 2 only			The state of the s		
		At least one of the debtors and another			Type of NONPRIORITY unsecured claim:		
		Check if this claim is for a communi	ty debt		Student loans Obligations arising out of a separation agreement or divorce		
		is the claim subject to offset?			that you did not report as priority claims		
		₩ No			Debts to pension or profit-sharing plans, and other similar debts Other. Specify MEDICAL		
		O Yes					

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	T.		,	Section 200		
Debtor	. JOSHUA WILL	JAM COV	van	Case number (# known)		
Ueotoi		e Norrio Last Na	me ·			
Part	21 Your NONPRIOR	ITY Unsecured C	laims — Continu	ation Page		
After	listing any entries on th	is page, number the	em beginning with	4.4, followed by 4.5, and so forth.	Tot	tal claim
43	RADIOLOGY CONS	ULTANTS OF R	OCKFORD	Last 4 digits of account number 8 4 7 9	\$	50.00
	Nonpriority Creditor's Name 39020 EAGLEWAY			When was the debt incurred? 02/07/2014		
	Number Street CHICAGO	IL	60678	As of the date you file, the claim is: Check all that apply.		
	City Who incurred the debt? Ci	State	ZIP Code	Contingent Unitquidated Disputed		
1	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
!	Debtor 1 and Debtor 2 onl At least one of the debtors	and another		 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
!	☑ Check if this claim is for is the claim subject to offs ☑ No ☑ Yes	-		Debts to pension or profit-sharing plans, and other similar debts Other. Specify MEDICAL		
4. 44	ROCKFORD HEALT	H PHYSICIANS		Last 4 digits of account number 1 4 0	\$	140.00
ì	Nonpriority Creditor's Name 2300 ROCKTON AV			When was the debt incurred? 07/02/2014		
i	Number Street ROCKFORD		61103	. As of the date you file, the claim is: Check all that apply.		
_	City	State	ZiP Code	Contingent		
1	Who incurred the debt? C	neck one.		Unliquidated Disputed		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 2 only Debtor 1 and Debtor 2 only	у		Student loans		
	At least one of the debtors Check If this claim is fo			Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
į	s the claim subject to offs M No Nos	et?		Other. Specify MEDICAL		
45		an er ma a a a a anna anna a shearann à art art art art art art art art art art	Manager and the formation of the same of t	Last 4 digits of account number 0 2 2 8	\$	835.00
	ROCKFORD MERCH tonpriority Creditor's Name	IANTILE		40/00/0045		
	PO BOX 5847			When was the debt incurred? 12/00/2015		
	tumber Street ROCKFORD	IL	61125	As of the date you file, the claim is: Check all that apply.		
7	yik	State	ZIP Code	Contingent Unliquidated		
	Who incurred the debt? Ch	seck one.		Disputed		
-	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only	,		Student loans		
	At least one of the debtors	and another		Obligations arising out of a separation agreement or divorce that		
(Check if this claim is fo	r a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	s the claim subject to offs	et?		Other. Specify MEDICAL		
	Z No					

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	Debt	tor 1	JOSHUA First Name	WILLIAM	COW/	AN	Case number (# known)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	Pa	rt 2:			RITY Uns	secured Claims			
	1		You have noth			laims against you bmit this form to the	r? e court with your other schedules.		
	!	nonprio include	rity unsecured of d in Part 1. If m	claim list the cra	ditor sepan ditor holds	ately for each clain	order of the creditor who holds each claim. If a creditor han, For each claim listed, identify what type of claim it is, Do no list the other creditors in Part 3.If you have more than three n	n iist ciaims air	eady
Λı	//							Total claim	
41	ARO	STE	LAR RECO	VERY			Last 4 digits of account number 1 9 2 6	: 3	60.00
		POE	OX 48370				When was the debt incurred? 01/22/2015	* <u></u>	
		JACI	Street KSONVILLE		FL State	32247 ZIP Code	As of the date you file, the claim is: Check all that apply.		
		Who I	ncurred the deb blor 1 only blor 2 only	ot? Check one.			Contingent Unliquidated Disputed		
		De De	btor 1 and Debtor	2 only ebtors and another			Type of NONPRIORITY unsecured claim: Student leans		
			eck if this clain claim subject to	n is for a commu	nity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debt	5	
		☑ No	•				other Specify CABLE	•	
4	A		URITY FINA	NCE CORP			Last 4 digits of account number 1 6 5 3 When was the debt incurred? 07/11/2012	s <u>3</u> (00.00
		Number			~~	20204	As of the date you file, the claim is: Check all that apply.		
		SPA	RTAN		SC State	29304 ZIP Code	Contingent		
			ncurred the deb	t? Check one.			Untiquidated Disputed		
			otor 2 only				Type of NONPRIORITY unsecured claim:		
		_	otor 1 and Debtor east one of the de	2 only obtors and another			Student loans		
		D Ch	eck if this cialm	is for a commu	nity debt		 Obligations erising out of a separation agreement or divorce that you did not report as priority claims 		
			cialm subject to		, 0051		Debts to pension or profit-sharing plans, and other similar debts	j.	
		No Ves	_				Other. Specify LOAN		
٨	M			TION SERVI		gangan da da gangan wan da da da da da da da da da da da da da			
40	TO	Nonprior	tty Creditor's Name	ION SERVIC	<u> </u>		Last 4 digits of account number 3 9 9 6 When was the debt incurred? 05/18/2015	s48	80.00
		Number	Street ISON		WI	53701			
		City	ISON		State	ZiP Code	As of the date you file, the claim is: Check all that apply.		
		☑ Det	acurred the debi stor 1 anly stor 2 only	17 Check one.			Contingent Unliquidated Disputed		
		Det	otor 1 and Debtor	-			Type of NONPRIORITY unsecured claim:		
				btors and another	- Jan. 18 4 :		Student loans		
				Is for a commun	nity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
		No Yes	cialm subject to	VIISE(!			Debts to pension or profit-sharing plans, and other similar debts Other. Specify		

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ם	ebtor 1	JOSHUA First Norme	WILLIAM Middle Name	COV		Case number (# known)	
	'art 2:				Claims — Conti	nuation Page	Manager (m. 1
	ifter ilstic	ng any entries	on this page, n	umber th	em beginning wi	th 4.4, followed by 4.5, and so forth.	Total claim
4.49	<u>STA</u>		TION SERV	ICE		Last 4 digits of account number 3 3 4 5	s 240.00
	•	ority Creditor's Name 3 S STOUGH				When was the debt incurred? 03/20/2015	
	Numbe	r Street	HONTE			As of the date you file, the claim is: Check all that apply.	
	Chy	DISON		WI State	53716	☐ Contingent	
	•					Untiquidated	
		incurred the del obtor 1 only	bt? Check one.			☐ Disputed	
		ibtor 1 only ibtor 2 only				Type of NONPRIORITY unsecured claim:	
	□ 0e	btor 1 and Debto	2 only			Student loans	
	C) AI	least one of the d	ebtors and enothe	ť		Obligations arising out of a separation agreement or divorce that	
	C)	eck If this clair	n is for a commi	unity debt		you did not report as priority daims Debts to pension or profit-sharing plans, and other similar debts	
		clalm subject t	o offset?			Other, Specify MEDICAL	
	2 No □ Ye						
	- 10	3					
4,50	.1	DAVDAVI	OAN STORE	dramate is not some if their		Last 4 digits of account number 0 0 0 1	\$ 3,000.00
		rity Creditor's Name	JAN STORE			44469040	~
		PRAIRIE A	VE			When was the debt incurred? 11/10/2012	
	Number BEL			WI	53511	As of the date you file, the claim is: Check all that apply.	
	City		*************************************	State	ZIP Code	Contingent	
	Who l	ncurred the deb	17 Check one.			Unliquidated Disputed	
	₩ De	btor 1 only				Cisputed	
		btor 2 only				Type of NONPRIORITY unsecured claim:	
	_	otor 1 and Debtor	2 only abtors and another			Student loans	
			•			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
			is for a commu	nity debt		Debts to pension or profit-sharing plans, and other similar debts	
	IS THE	cialm subject to	onset?			Other. Specify LOAN	
	Yes	.					
λ 	7		nd ato. A secretarity white states as many			те (1 - 16 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	d Tring and the control of the first feet and the control of the c
4,51	J UMR					Last 4 digits of account number 9 6 0 1	s40.00
	Nonprior	ity Creditor's Name	·				
		MIDWEST I	DR .			When was the debt incurred? 12/20/2013	
	Number ONAI	Street LAŠKA		WI	54650	As of the date you file, the claim is: Check all that apply.	
	City			State	ZIP Code	Contingent	
	Who in	curred the deb	? Check one.			Unliquidated Disputed	
	_	tor 1 only					
		lor 2 only				Type of NONPRIORITY unsecured claim:	
		tor 1 and Debtor:	only Store and enother			Student loans	
				نفع يوس		 Obligations erising out of a separation agreement or divorce that you did not report as priority claims 	
			ls for a commun	nty debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the c	laim subject to	onset7			Other, Specify	
	IKS No						

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	Debtor 1	JOSHUA Frei Name	WILLIAM Middle Name	CO ¹	WAN	Case number (#known)		the state of the s
	Part 2:	List All of Y	our NONPRI	ORITY U	nsecured Cla	ims		
		. You have noth			claims agains	t you? to the court with your other schedules.		
	include	only unsecured and in Part 1. If m	cielm. Ilst the ci	editor sepi editor hold	Brately for each	ical order of the creditor who holds each claim. If a creditor h claim. For each claim listed, identify what type of claim it is. Do n tim, list the other creditors in Part 3.If you have more than three	دام دمنا ده	aima almaad
A (E	~						Tot	al claim
4 4		IZON WIRE				Last 4 digits of account number 0 0 0 1		400 00
		only Creditor's Name 30X 5029	l			When was the debt incurred? 01/02/2014	`	400.00
	Number		· · · · · · · · · · · · · · · · · · ·		·	Assess And the Replication of the second of		
		LINGFORD		CT	06492			
	City	"		State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who is	ncurred the det	12 Chark and			☐ Contingent		
		btar 1 only	it r Gridek brid.			Unliquidated		
		btor 2 only				☐ Disputed		
		btor 1 and Debtor				Type of NONPRIORITY unsecured claim:		
	U At !	east one of the de	obtors and anothe	r		☐ Student loans		
	O ch	ock if this claim	is for a commu	inity debt		Obligations arising out of a separation agreement or divorce		
		claim subject to	offset?			that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debt	8	
	Z No					Other Specify CELL PHONE	•	
	☐ Yes	ŀ					•	
Δ . A	NIRTI	Joso soul	RCE GROUP	<u> </u>		Last 4 digits of account number 1 7 0 3	•	200.00
		ty Creditor's Name				When was the debt incurred? 05/03/2013	<u> </u>	
		OX 5818	······································					
	Number	Street /ER		CO	80217	As of the date you file, the claim is: Check all that apply.		
	City			State	ZIP Code			
	Who in	curred the debt	7 Check one			Contingent Unliquidated		
		ter 1 only				☐ Disputed		
		tor 2 only				•		
		or 1 and Debtor 2 ast one of the det				Type of NONPRIORITY unsecured claim:		
						 Student loans Obligations arising out of a separation agreement or divorce 		
	⊔ Che	ck if this claim i	s for a commur	ity debt		that you did not report as priority claims		
	is the cl	aim subject to	offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify MEDICAL		
	☐ Yes					Other. Specify INTEDIONE		
4-1	1 1							
. 4	Nonpriority	UNSIN STAT	TE PUBLIC (DEFEND	ER	Last 4 digits of account number 0 8 2 2	_	1,440.00
		6TH ST # 90	28			When was the debt incurred? 03/12/2013	\$	1,770,00
	Number	Street			······································	Novel		
	City	AUKEE		WI State	53203	As of the date you file, the claim is: Check all that apply.		
				. redit	ZIP Code	Contingent		
	VVno inci	urred the debt?	Check one.			Unliquidated		
	Debto					☐ Disputed		
	Debto	г 1 and Debtor 2 d	only			Type of NONDBIODITY		
	Li At leas	st one of the debt	ors and another			Type of NONPRIORITY unsecured claim:		
	Chec	k if this claim is	for a communi	ty debt		Student loans Obligations arising out of a separation agreement or divorce		
	is the cla	im subject to of	ffset?			mai you did not report as prionty claims		
	W No	• •				Debts to pension or profit-sharing plans, and other similar debts		
	Yes					Other. Specify <u>FEE</u>		

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D	ebtor 1 JOSHUA WILLIAM First Name Middle Name	COWAN Last Name	Case number (# known)	
F	Part 2: Your NONPRIORITY Unse	cured Claims — Cont	inuation Page	
A L	ofter listing any entries on this page, nu	mber them beginning w	rith 4.4, followed by 4.5, and so forth.	Total claim
4, 55	ASSOCIATE COLLECTION IN Nonpriority Creditor's Name	√ C	Last 4 digits of account number 2 7 5 0	s 5,195.00
	PO BOX 1039		When was the debt incurred? 06/06/2013	
	Number Street		A Alberta Chan barrens	
	JANESVILL City	WI 53547	As of the date you file, the claim is: Check all that apply.	
	City	State ZIP Code	☐ Contingent ☐ Unitoutdated	
	Who incurred the debt? Check one.		Unliquidated Disputed	
	Debtor 1 only		www aropuster	
	Debtor 2 only		Type of NONPRIORITY unsecured claim;	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loens	
			Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a commun	ilty debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	is the claim subject to offset?		other. Specify MEDICAL.	
	Ø №			
	Yes			
t. [J	Nonpriority Creditor's Name	Pital	Last 4 digits of account number 2510 AcWhen was the debt incurred?	:500
	Number Street	BOIDH	The was the dept inclined t	
	Cracylle 117	5254	As of the date you file, the claim is: Check all that apply.	
	City	State ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		Student loans	
	At least one of the debtors and another		 Student loans Obligations arising out of a separation agreement or divorce that 	
	Check if this claim is for a communit	tv doht	you did not report as priority claims	
	is the claim subject to offset?	ly webt	Debts to pension or profit-sharing plans, and other similar debts	
	□ No		Pother, Specify McCalCal	
	☐ Yes			
	the major of the Comment of the Comm	and white the second entered to the manufacture of the second second second second second second second second		S.
			i ast 4 digits of account number	<u> </u>
	Nonpriority Creditor's Name		When was the debt incurred?	
	Number Street		 As of the date you file, the claim is: Check all that apply. 	
	City St	ete ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquideted	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of MONPRIORITY	
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loans	
	Check if this claim is for a community	r daht	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	is the claim subject to offset?	, wast	Debts to pension or profit-sharing plans, and other similar debts	
	No		Other. Specify	
	O Yes			

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Det	otor 1	JOSHUA First Name Middle	WILLIAM Name Last Name	COWAN	Case number (# known)	
Pa	ırt 2:	List All of Your N	ONPRIORITY Un	secured Claims		
3.	*	You have nothing to	-		? court with your other schedules.	
100	nonprio include	of your nonpriority of the original original of the original original original original original original orig	list the creditor sepa an one creditor holds a Page of Part ?	n the alphabetical c	order of the creditor who holds each claim. If a creditor ha For each claim listed, identify what type of claim it is. Do no st the other creditors in Part 3.If you have more than three n	ot list claims already onpriority unsecured
5	ASS	OCIATED BANK			Last 4 digits of account number 0 8 2 2	Total claim
	•	rity Creditor's Name E GRAND AVE		White Addition to the Addition	When was the debt incurred? 06/30/2016	\$ 700.00
	Number BEL	Street	WI	53511		
	City		State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
	D e	ncurred the debt? Che btor 1 only btor 2 only	eck one.		Contingent Unliquidated Disputed	
	Del Del	otor 2 only btor 1 and Debtor 2 only least one of the debtors a	and another		Type of NONPRIORITY unsecured claim:	
		eck if this claim is for claim subject to offse	-		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debt Other, Specify BANK DEBT 	s
	o to the specialists which	CREDIT LENDER	halin pringers and are a course, a negotiar a series no negotiar	r entre entre kalentriette, is er kriste sonter tilbese et tilset fyrstelskatt	Last 4 digits of account number 0 8 2 2	s 800.00
لل کالو	Nonprior	ity Creditor's Name PRAIRIE AVE			When was the debt incurred?	
	Number BELC City	Street DIT	WI State	53511 ZIP Code	As of the date you file, the claim is: Check all that apply.	
	-	ncurred the debt? Che	ck one.		Contingent Unliquidated Disputed	
	O Deb	otor 2 only otor 1 and Debtor 2 only east one of the debtors a	nd another		Type of NONPRIORITY unsecured claim: Student loans	
		eck if this claim is for claim subject to offset	-		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify PAYDAY LOAN 	;
O	THES	CK INTO CASH	የማቅሪያ ለመጨዘበትንያ አንሳላ የ ተባሕ የአማቀጣተር ርሃብቅና የውጪት ልዕቅር ማ	ad Unggi Open Spilan Asila Asila Shika Asila Shika Asila		estado parestarios en estrupturas mante estructuras servidos estados estados estados estados estados estados e
<i>)</i>	Nonpriori 2811	ty Creditor's Name MILTON AVE			Last 4 digits of account number 0 8 2 2 When was the debt incurred? 06/20/2017	\$ 800.00
	Number JANE City	Street SVILLE	WI State	53547 ZIP Code	As of the date you file, the claim is: Check all that apply.	
	Debt	curred the debt? Chec tor 1 only tor 2 only	rk one.		Contingent Unliquidated Disputed	
	Deb	tor 2 only tor 1 and Debtor 2 only east one of the debtors ar	nd another		Type of NONPRIORITY unsecured claim:	
	☐ Che	ck if this claim is for a	a community debt		Obligations arising out of a separation agreement or divorce	
	is the c	laim subject to offset	7		tnat you did not report as priority claims	

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Del	otor 1 JOSHUA	WILLIAM Name Last Nar	COWAN	Case number (# known)	
Pa	irt 2: Your NONPRIORI			tion Page	
Aff	ter listing any entries on this	s page, number the	em beginning with 4	.4, followed by 4.5, and so forth.	Total claim
16	ROCK COUNTY COL	IRT		Last 4 digits of account number 6 9 2 4	\$600.0
	Nonpriority Creditor's Name 51 S MAIN ST			When was the debt incurred? 07/17/2017	
	Number Street JANESVILLE	WI	53545	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	☐ Contingent	
	Who incurred the debt? Che	eck one.		Unliquidated Disputed	•
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors a			 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
÷	Check if this claim is for is the claim subject to offse	-		Debts to pension or profit-shaning plans, and other similar debts Other. Specify FINE	
:	☑ No ☑ Yes			, , , , , , , , , , , , , , , , , , , ,	
10	DANE COUNTY COU	rachaeligare mensionale es se montesque en	والمعارضة والمنافرة	Last 4 digits of account number 6 8 2 2	s <u>300.0</u>
	Nonpriority Creditor's Name 215 S HAMILITON ST	#2000		When was the debt incurred? 08/01/2017	
÷	Number Street MADISON	WI	53703	As of the date you file, the claim is: Check all that apply.	
	City	State	ZiP Code	Contingent	
	Who incurred the debt? Che	ck one.		Unliquidated Disputed	
<i>i</i>	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors a	nd another		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
·	Check if this claim is for is the claim subject to offset			you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify FINE	
÷	☑ Yes				
(G)."	indiana menandi manasan a seminasi menang menanda menanda semina menanda menanda seminasi seminasi seminasi me	tibera (traditionale tradection) (1766 M Innover M Alberta) (1964 Methods)	ति दः इतिकारिकोषात्रः कार्विद्दान्तं अर्थायनकारायोः त्या पृत्तान्त्रः ते साराका दश्यन्तः । इत्युक्षक्र सम्प्रा	994 with the restriction of the control of the cont	\$ 500.00
, r 	ROCK COUNTY COUR			Last 4 digits of account number 1 4 9 7	Φ
:	Nonpriority Creditor's Name 51 S MAIN ST			When was the debt incurred? 07/02/2017	
	Number Street JANESVILLE	Wi	53545	As of the date you may are stain is. Check all that analy you may are stain to order an unaccepty.	
	City	State	ZIP Code	☐ Contingent	
•	Who incurred the debt? Chec	k one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	d another		Student loans	
	At least one or the depicts at	SU GENUTIFE		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a is the claim subject to offset	_		Debts to pension or profit-sharing plans, and other similar debts Other. Specify FINE	

Debtor 1 JOSHUA VILL First Name Middle Nam	ne Last Na	me	Case number (# known)	
Part 2: List All of Your NO	NPRIORITY U	nsecured Clai	ms	
3. Do any creditors have nonpri	ority unsecured	l claims against	you?	
No. You have nothing to rep	ort in this part. S	Submit this form to	o the court with your other schedules.	
			,	
· ·			And Additional growth that the soft to be a fine on a strong court of the soft of	
4. List all of your nonpriority una nonpriority unsecured claim, list	secured claims the creditor sec	in the alphabeti arately for each c	cal order of the creditor who holds each claim. If a creditor had claim. For each claim listed, identify what type of claim it is. Do not	s more tnan c t list claims al
included in Part 1. If more than	one creditor hold	ls a particular cla	im, list the other creditors in Part 3.If you have more than three no	npriority uns
claims fill out the Continuation F	Page of Part 2.			
-			•	Total clain
DIC SYSTEMS			Last 4 digits of account number 0 8 2 2	010
				LOC
Nonpriority Creditor's Name			When was the debt incurred? 06/30/2017	3
PO BOX 64378 Number Street				
ST PAUL	MN	55164		
City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
			☐ Contingent	
Who incurred the debt? Check	one.		Unliquidated	
M. Dobter 4 amb			I Discuted	
Debtor 1 only Debtor 2 only			☐ Disputed	
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	another		☐ Student loans	
Check if this claim is for a	community debt		Obligations arising out of a separation agreement or divorce	
Is the claim subject to offset?	•		that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
M No			Other Specific MEDICAL	
- 134			was Outer, opening when the case	
☐ Yes				
A ROCKFORD MERCHAN	ITILE	elister i la spisoria de distante de la segui en la dispensa a colo distante politica e politica de la segui m	Last 4 digits of account number 0 8 2 2	\$1
Nonpriority Creditor's Name			When was the debt incurred? 07/20/2017	
PO BOX 5847				
Number Street ROCKFORD	IL.	61101	As of the date you file, the claim is: Check all that apply.	
ROCKFORD	11	01101	, а от ото често, але одинето, отостоя от отостоя от от	
City	State	ZIP Code	☐ Contingent	
Who incurred the debt? Check	one.		Unliquidated	
Debtor 1 only			☐ Disputed	
Debtor 2 only			Time of NONDBIODITY are assured at less	
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	another		Student loans Obligations arising out of a separation agreement or divorce	
☐ Check if this claim is for a	community debt		that you did not report as priority claims	
Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify MEDICAL	
☑ No ☑ Yes			Onto oposity	
enter en ment et en en spreig des transmissents entre fallement production en	helion to appropriate language of a con-			nder Aggida del Berthelts Arthur et (Est da) bis
NATIONWIDE CREDIT (Nonpriority Creditor's Name	CORPORATI	ON	Last 4 digits of account number 0 8 2 2	_{\$} 1
CCOO OF COOKER AT THE	·		When was the debt incurred? 05/09/2017	
5503 CHERUKEE AVE				
Number Street	\/A	22242		
ALEANDRIA City	VA State	22312 ZIP Code	As of the date you file, the claim is: Check all that apply.	
•		Zii Obde	☐ Contingent	
Who incurred the debt? Check of	one.		Unliquidated	
Debtor 1 only Debtor 2 only			Disputed	
C Debitor 2 oray				
Debtor 1 and Debtor 2 only			Tune of NONDRIGHTY uncontrad claims	
At least one of the debtors and	another		Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a c	amminite daht		Student loans Obligations pricing out of a congration agreement or diverse.	
La Unack it this claim is for a r				

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Debtor 1	JOSHUA First Name	WILLIAM Middle Name	COWAN Lasi Name		Case number (# known)
Part 4:	Add the Am	ounts for Each	Type of Unsecured Clai	im	
0.4434.444.458					
6. Total the Add the	amounts of amounts for	certain types of u each type of unse	nsecured claims, This info cured claim.	rmation	is for statistical reporting purposes only. 28 U.S.C. § 159.
					Total claim
					· · · · · · · · · · · · · · ·
Total claims	6a. Domes	tic support obliga	tions	6a.	\$2,606.00
from Part 1	6b. Taxes govern		debts you owe the	6b.	\$
	6c. Claims	for death or perso	onal injury while you were		
	Intoxic	ated		6c.	\$
		Add all other priority at amount here.	y unsecured claims.	6d.	+ \$0.00
	6e. Total. A	odd lines 6a through	n 6d.	6e.	:260000
					Total claim
Total claims	6f. Studen	t loans		6f.	s 11,688.00
from Part 2		ions arising out o	a separation agreement		5
	or divo	rce that you did no	ot report as priority	6g.	\$
	6h. Debts to similar	o pension or profit debts	-sharing plans, and other	6h.	\$
	6i. Other. A Write the	Add all other nonpri at amount here.	ority unsecured claims.	6i.	+ \$ 47,289.21
	6j. Total. Ad	ld lines 6f through 6	i.	6j.	\$58,977.21
	# *				

Debtor	JOSHUA	WILLIAM	COWAN
	First Name	kūdde Nams	Last Name
Debtor 2			
(Spouse If filing)	First Name	Middle Name	Last Name
United States	Bankruptcy Court for I	the EOSACE	DStn [
Case number (If known)		10-00 131	1

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible, if two married people are filling together, both are equally responsible for supplying correct information, if more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - Mo. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Name				
Number	Street			
City		State	ZIP Code	
	•			
Name	W. F VI. T. A. W. ST. W. W. ST. W. W. ST. W. W. ST. W. W. ST. W. W. ST. W. W. ST. W. ST. W. ST. W. ST. W. W. ST. W. W. ST. W. W. W. ST. W. W. ST. W. W. ST. W.			**************************************
Number	Street	·····		
City		State	ZIP Code	
Name	 		***************************************	
Number	Street			
City		State	ZIP Code	
Name				
Number	Street	<u></u>		
City	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	State ever	ZIP Code	
Name			- <u> </u>	
Number	Street	····		
City		State	ZIP Code	

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Fil	l in this i	nformation to i	dentify your	case:					
20	btor 1	JOSHUA	V	VILLIAM	COWAN]		
De	ו זפוםי	Piret Name		irita Kama	l ad Nama		 		
	btor 2 ouse, if filling) First Name	N.	kide Nome	Lest Name				
	•	Bankruptcy Court	tor the =	G10.001	Oc	T			
l		Dankiupicy Coun		COLLA		يسط			
	se number known)				= <u></u>			☐ Check if	this is an
		*						amende	d filing
Off	ficial F	orm 106	SH						
				odebtor	S				12/15
are f and case 1.	illing togs number to number Do you h No Yes Within th Arizona, (No. G	ather, both are the entries in the (If known). An ave any codeb as last 8 years, California, Idahe to to line 3. Did your spouse	equally resphe boxes on swer every questions? (If you have you live, Louisiana, e, former spouse, community state	ensible for sup the left. Attach question. are filing a joint of red in a commun Nevada, New Mo use, or legal equi or territory did y	plying correct in the Additional Pi case, do not list e nity property sta exico, Puerto Ricc ivalent live with yo	formation. If age to this p ither spouse a te or territory o, Texas, Wat	i more sparage. On the as a codebi	nity property states and territories include	fill it out,
	in Columi shown in Scheduk	n 1, list all of y line 2 again a	s a codebtor rm 106D), So	rs. Do not inclu only if that per chedule E/F (Off	son is a guarant	as a codebto or or cosigno	er. Make sı	ouse is filing with you. List the person are you have listed the creditor on tal Form 106G). Use Schedule D,	
		1: Your codebi				•	Co	umn 2: The creditor to whom you owe th	e deht
	- Jruitki		•					eck all schedules that apply:	
3.1							J .	on an conscious and opply.	
ان.	Name							Schedule D, line	
								Schedule E/F, line	
	Number	Street					U	Schedule G, line	
 -	City			State		ZIP Code			
3.2							П	Schedule D, line	
	Name							Schedule E/F, line	
	Number	Street			······································			Schedule G, line	
			·····	·					
2 21	City			State		ZIP Code			
3.3	Neer						0	Schedule D, line	
	Name							Schedule E/F, line	
	Number	Street	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		Schedule G, line	
	City			State		ZIP Code			

Eill in this information	an to identify					
Fill in this information		WILLIAM	COWAN			
First Name		Middle Name	Last Name	**********		
Debtor 2 (Spouse, if filing) First Name		Middle Name	Last Name			
		Mastorn District 11 Wiesen	nein 🗐			
Case number (If known)	2001/2018	H CT OF	Wisk and	sin	Check if ti	his is:
(i month)	······································	*				ended filing
						plement showing postpetition chapter 1 e as of the following date:
Official Form 10	61	<u>.</u>				D/ YYYY
Schedule	I: You	ır Income				12/15
upplying correct info you are separated at eparate sheet to this	rmation. If y nd your spoi	ou are married and not fuse is not filing with you at top of any additional parent	iling jointly, and you, do not include in	our spouse is formation ab	s living with y out your spo	or 2), both are equally responsible for ou, include information about your spou use. If more space is needed, attach a nown). Answer every question.
. Fill in your employ information.	ment		Debtor 1	dig to 1	e the section	Debtor 2 or non-filing spouse
If you have more tha			Assentinensk i Stanforder kreimentick (der lite i samtisktick skillering	decidentum di ismitum tum tum tum tum tum tum tum tum tum		MCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
attach a separate pa information about ac		Employment status	Employed			Employed
employers.			☐ Not employ	ed		Not employed
Include part-time, se self-employed work.		Occupation	LABORER			
Occupation may inco		Occupation				MAPA WAAA Marke Retended to the second of th
	.,	Employer's name	CO-STAFF A	GENCY		
			100		مما	
		Employer's address	2101	· Ce	HCC	***************************************
			Number Street	ect		Number Street
			LANEOVILLE	14/1		
			JANESVILLE City		53545 Code	City State ZIP Code
		How long employed the	ere?			
						NOVERAL PROVIDE AND WINDOWS AND HE AND WASHINGTON
Part 2: Give De	tails About	Monthly Income				
Estimate monthly in			m. If you have nothi	ng to report fo	or any line, wri	te \$0 in the space. Include your non-filing
spouse unless you a						r that nerson on the lines
spouse unless you a If you or your non-fili	ng spouse ha	ave more than one employ ttach a separate sheet to t		mation ioi ai	r employers to	That person on the mice
spouse unless you a If you or your non-fili	ng spouse ha	ave more than one employ ttach a separate sheet to t			Debtor 1	For Debtor 2 or
spouse unless you a If you or your non-fill below. If you need m	ng spouse ha nore space, af s wages, sala	ttach a separate sheet to t ary, and commissions (b	his form. efore all payroll	For	, ,	For Debtor 2 or
spouse unless you a If you or your non-fill below. If you need m	ng spouse ha nore space, af s wages, sala	ttach a separate sheet to t	his form. efore all payroll	For	, ,	For Debtor 2 or

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Debtor	JOSHUA WILLIAM COWAN First Name Middle Name Last Name		Ca	ase number (# know	(n)			
			Fo	r Debtor 1	For Debtor 2 or			
_	"		\$	3,367.70	\$	en-charac-		
Co	py line 4 here	4.	Φ_	0,007.7.0	Ψ			
5. Lis t	t all payroll deductions:							
58	a. Tax, Medicare, and Social Security deductions	5a.	\$	<u>257.64</u>	\$			
5b	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	*****		
5.0	. Voluntary contributions for retirement plans	5c.	\$	0.00	\$			
	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	_		
	. Insurance	5e.	\$	0.00	\$			
5f		5f.	\$	0.00	\$			
5.	g. Union dues	5g.	\$_	0.00	\$			
٠٠.				4EE 00	•			
br	1. Other deductions. Specify: UTIL SUFFUR LAND ADM FEE	5h.	+\$	400.08	+ \$	_		
6. A	dd the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	712.72	\$			
7. C a	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,654.98	\$	_		
8. Li s	st all other income regularly received:							
88	 Net income from rental property and from operating a business, profession, or farm 							
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_	0.00	\$			
-	b. Interest and dividends	8b.	\$_	0.00	\$			
80	 Family support payments that you, а пол-filing spouse, or a depende regularly receive 	nt						
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	*******		
80	d. Unemployment compensation	8đ.	\$_	0.00	\$			
_	e. Social Security	8e.	\$	0.00	\$			
8	f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (herefits under the Supplemental)	ice						
	Nutrition Assistance Program) or housing subsidies. Specify: NONE	8f.	\$	0.00	\$			
8	g. Pension or retirement income	8g.	\$_	0.00	\$			
8	h. Other monthly income. Specify:	8h.	+ \$		+\$			
	dd all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	0.00	\$			
40 (**	Iculate monthly income. Add line 7 + line 9.			2,654.98		==		2,654.98
Ac	d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	\$_	2,004.90	* \$		\$	2,001.00
ln: fri	ate all other regular contributions to the expenses that you list in Scheol clude contributions from an unmarried partner, members of your household, yends or relatives.	your	depend					
Do	o not include anv amounts already included in lines 2-10 or amounts that are	not a	vailabl	e to pav expens	ses listed in Schedule	∌ J .		
Sp	pecify: NONE			e e personal de esta		11. +	\$	0.00
12. A ¢	dd the amount in the last column of line 10 to the amount in line 11. The	resu	It is the	combined mor	nthly income.	12.	8	2,654.98
W	rite that amount on the Summary of Your Assets and Liabilities and Certain S	งเสเรเ	ucai ini	оппацоп, н п а	hhiico	14.		mbined

 $(x_1, \dots, x_n) \in \mathcal{A}_{n+1} \times \mathcal{A}_{n+1} \times \mathcal{A}_{n+1}$

		*				
Fill in t	this information to identil	y your case:				
Debtor	JOSHUA	WILLIAM COWAI	Check	if this is:		
Debtor 2	2	THE PROPERTY OF THE PROPERTY O	i _	amended	filing	
	if filing) First Name	Middle Name Lest Name	☐ ☐ A St	pplemer	it showing pos	tpetition chapter 13
	States Bankruptcy Court for th.	かんころす	exp	enses as	of the followin	g date:
Case nu (if known		1000(10	MM	/ DD / YYY	~	
Offici	al Carry 400 I					
	al Form 106J					
Scn	eaule J: Yo	ur Expenses				12/15
informat		possible. If two married people are fi ded, attach another sheet to this for n.				
Part 1:	Describe Your Ho	usehold				
1. Is this	a joint case?					
	. Ĝo to line 2. s. Does Debtor 2 live in a	separate household?				
	Q No	le Official Form 106J-2, Expenses for	Separate Household of Debtor	2 .		
2. Do you	have dependents?	□ No	Danandarda mintarahir ta		Damandantin	Dane damandard Van
Do not Debtor	list Debtor 1 and 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2		Dependent's age	Does dependent (ive with you?
Do not names.	state the dependents'		DAUGHTER		1YR	Ø No ☐ Yes
ngines.						□ No
					•	Yes
						□ No □ Yes
						□ No
						Yes
						□ No □ Yes
. Do you	r expenses include	u				∐ Yes
expens	es of people other than	⊠ No				
yourse	f and your dependents?	☐ Yes				
art 2:	Estimate Your Ongo	ing Monthly Expenses				
Estimate ; expenses applicable	as of a date after the bar	bankruptcy filing date unless you a kruptcy is filed. If this is a supplem	ire using this form as a supple ental <i>Schedule J</i> , check the b	lement in lox at the	a Chapter 13 co top of the form	ase to report and fill in the
		n-cash government assistance if you				
		I it on Schedule I: Your Income (Offi			Your expen	ises
	ntal or name ownership a nt for the ground or lot.	expenses for your residence, include	first mongage payments and	4.	\$	750.00
	ncluded in line 4:			_	•	0.00
_	eal estate taxes			48.	\$	
	roperty, homeowner's, or n ome maintenance, renair			4b.	\$	0.00 0.00
	ome maintenance, repair, a omeowner's association or	, , ,		4c. 4d.	\$ \$	0.00
				₩ ₩.		-

Debtor 1 - Shune Middle Name Leaf Namb Cauca Case number (# Anown)

Case number (# known)_____

			Your ex	penses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
		-		
6.	Utilities: 6s. Electricity, heat, natural gas	đa,	S	170.00
	th. Water, Sewer, garbage collection	Sb.	¢	40.00
	6c. Telephone, cell phone, internet, satellite, and cable services	6c.	\$	50.40
	6d. Other, Specify:	6d.	s	0.00
7.		7.	\$	200.00
8.	Childcare and children's education costs	8.	\$	150.00
ŷ.	Ciothing, iaundry, and dry cleaning	ĝ.	S	25.00
10.	Personal care products and services	10.	\$	50.00
11.	Medical and dental expenses	11.	\$	0.00
12.	Transportation, include gas, maintenance, bus or train fare.			100.00
	Do not include car payments.	12.	2	
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14,	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	
	15c. Vehicle Insurance	15c,	\$	
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other, Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106).	18.	\$	
19.	Other payments you make to support others who do not live with you.			
	Specify: CHILD SUPPORT	19.	\$	300.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	7e.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	200,	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20 e .	\$	0.00

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Debtor 1	JOSHUA	WILLIAM	COWAN	**********	Case number (if known)		
	First Name	Middle Name	Last Name				
21. Oth	er. Specify:				21.	+\$	0.00
	ulato vour montl						and a second
	Add lines 4 throu	•			22a.	\$	1,835.00
			Debtor 2), if any, from Offi	icial Form 106J-2	22b.	\$	0.00
22c.	Add line 22a and	22b. The result is	your monthly expenses.		22c.	\$	1,835.00
						1	
	late your month		ar a san a san a san a san a san a san a san a san a san a san a san a san a san a san a san a san a san a san		222	\$	2,654.98
23a.	,,,		hly income) from Schedule	I.	23a.	_	1,835.00
23b.	Copy your month	nly expenses from	line 22c above.		23b.		1,030.00
23c.			om your monthly income.		230	\$	819.98
		r monthly net inco o,ooo			۵۰۰۰	, ———— I	······································
						<u> </u>	
24. Do yo	ou expect an incr	rease or decreas	in your expenses within	the year after you f	ile this form?		
For e	xample, do you ex	spect to finish pay	ng for your car loan within t se because of a modificatio	the year or do you ex	pect your		
₩ No							
Ye	1		en ann ann an an ann an ann an ann an ann an a		terrorise and the control of the state of th		and the second s
	- Evbigit ite						\$ 1
							; ;

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Fill in this i	iformation to idea	ntify your case:			
Debtor 1	JOSHUA	WILLIAM	COWAN		
	First Name	Middle Name	Lost Namo		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Lest Name		
United States	Bankruptcy Court for	the: Western District of W	isconsin		
Case number					
					Check if this is a amended filing
Officia	Form 106	6Dec			
Decl	aration	About an I	ndividual l	Debtor's Schedules	12/15
If two mar	ried people are fil	ing together, both are e	qually responsible for s	upplying correct information.	
				d schedules. Making a false statement, conc can result in fines up to \$250,000, or impri	
_		y by maud in connection 152, 1341, 1519, and 357	• •	; can result in times up to \$250,000, or impri	somment for up to 20
	Sign Below				
Did yo	u pay or agree to	pay someone who is NO	T an attorney to help yo	ou fill out bankruptcy forms?	
M No					
Yes	. Name of person_				deretion, end
				Signature (Official Form 119).	
			d the summary and sch	nedules filed with this declaration and	
that the	y are true and co	rrect.			
	///	1 1	\sim		
x /			× (/A)	44 - AC	
· · · _ <u></u>	ire of Debtor 1	· ·	Signature of Deuto		
Signak)		Significant or Debtic	-	
Date _/	1 16 201	7	Date //		
i.	M: 00 / YYYY	•	MM! DO !	****	

eptor 1	JOSHUA	WILLIAM	COWAN Last Name			
btor 2	First Namo	Middle Name				
	ng) First Name	EOSEIN	DISTRICT	া		
ed State	s Bankruptcy Court for	the: Of COI	20 1911	1		
own)	37 <u></u>					Check if this is ar amended filing
icial	Form 107					
		nancial Affai	rs for Indiv	iduals Filing for	Bankruptcy	04/1
				together, both are equally re		
mation	. If more space is	needed, attach a separ	ate sheet to this for	m. On the top of any additiona	el pages, write your na	me and case
nber (if l	(nown). Answer ev	ery question.				
art 1:	Give Details Ab	out Your Maritai Sta	tus and Where Y	ou Lived Before		
Water Marie						
What is	your current mark	tal status?				
☐ Mai						
	married					
During	the last 3 years, ha	ive you lived anywhere	other than where y	ou live now?		
M No						
₩ No		es you lived anywhere				
M No			years. Do not include Dates Debtor 1			Dates Debtor 2
No Yes	s. List all of the place		years. Do not include	where you live now.		Dates Debtor 2 lived there
No Yes	s. List all of the place		years. Do not include Dates Debtor 1	where you live now.		lived there
No Yes	s. List all of the place		years. Do not include Dates Debtor 1 Ilved there	where you live now. Debtor 2:		lived there Same as Debtor
M No Yes	s. List all of the place		Dates Debtor 1 Ilved there	where you live now. Debtor 2:		Same as Debter
W No Ves D	s. List all of the place		years. Do not include Dates Debtor 1 Ilved there	Debtor 2: Same as Debtor 1		lived there Same as Debtor
Yes	s. List all of the place		Dates Debtor 1 Ilved there	Debtor 2: Same as Debtor 1		Same as Debter
M No Yes	s. List all of the place		Dates Debtor 1 Ilved there	Debtor 2: Same as Debtor 1 Number Street	State ZIP Code	Same as Debter
M No Yes	s. List all of the place ebtor 1:	es you lived in the last 3	Dates Debtor 1 Ilved there	Debtor 2: Same as Debtor 1 Number Street	State ZIP Code	Same as Debter
M No Pes	s. List all of the place ebtor 1:	es you lived in the last 3	Dates Debtor 1 Ilved there	Debtor 2: Same as Debtor 1 Number Street	State ZIP Code	Same as Debtor
M No Pes	s. List all of the place ebtor 1: Rumber Street	es you lived in the last 3	Dates Debtor 1 Ilved there	Debtor 2: Same as Debtor 1 Number Street	State ZIP Code	Same as Debtor
VY No Di Yes	s. List all of the place ebtor 1:	es you lived in the last 3	Dates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	Same as Debtor
V No D Yes	s. List all of the place ebtor 1: Rumber Street	es you lived in the last 3	Dates Debtor 1 Ilved there From To From	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1	State ZIP Code	Same as Debtor
No Pes	s. List all of the place ebtor 1: Rumber Street	es you lived in the last 3	Dates Debtor 1 Ilved there From To From	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 Number Street	State ZIP Code	Same as Debtor
VY No Di Yes	s. List all of the place ebtor 1: Rumber Street	es you lived in the last 3	Dates Debtor 1 Ilved there From To From	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1		Same as Debtor
No Di Yes	List all of the place ebtor 1: Fumber Street Sity	State ZIP Code	Prom To	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 Number Street City	State ZIP Code	Same as Debtor To Same as Debtor To Same as Debtor From To Community property
Within states a	List all of the place ebtor 1: Fumber Street Sity	State ZIP Code	Prom To	Debtor 2: Same as Debtor 1 Number Street City Same as Debtor 1 Number Street	State ZIP Code	Same as Debtor From To Same as Debtor From To From To Community property
Within states a	List all of the place betor 1: lumber Street lity lumber Street lity the last 8 years, di and territories includ	State ZIP Code	Pouse or legal equition, Louislana, Nevan	Same as Debtor 1 Number Street City Same as Debtor 1 Number Street City City Valent in a community propert da, New Mexico, Puerto Rico, Te	State ZIP Code	Same as Debtor From To Same as Debtor From To From To Community property

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Debtor 1	JOSHUA WILLIAM COWAN Case number (# known) First Name Middle Name Last Name									
Fill i	in the total amour	nt of income you receive	ed from all jobs and all but	ousiness during this year sinesses, including part-tie ether, list it only once unde	r or the two previous cales me activities. er Debtor 1.	ndar years?				
	No Yes. Fill in the de	etails.								
			Debtor 1		Debtor 2					
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)				
		1 of current year until ed for bankruptcy:	Wages, commissions bonuses, tips Operating a busines:	\$	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$				
	For last calend	ar year : ecember 31, <u>2016</u>	Wages, commissions bonuses, tips Operating a business	\$8,451.00	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$				
	(danday 1 to 5	YYYY	Departing a business	•						
		ar year before that: ecember 31,2015	Wages, commissions bonuses, tips Operating a business	\$ 4,436.00	Wages, commissions, bonuses, tips Operating a business	\$				
gan List	nbling and lottery each source and	winnings. If you are filir the gross income from	ng a joint case and you ha	come; interest; dividends; we income that you receiv Do not include income tha	money collected from laws ed together, list it only once t you listed in line 4.	uits; royalties; and under Debtor 1.				
			Debtor 1		Debtor 2					
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)				
		1 of current year until	ALCOHOLOGICA CONTRACTOR CONTRACTO	\$ \$		\$				
		•		\$		\$				
	For last calend	Janamhar 31 2016 1	WASHING TO THE RESIDENCE OF THE PARTY OF THE	\$ \$		\$				
	(vanuary 1 to D	YYYY J		\$		\$				
		lar year before that:		\$ \$		\$ \$				
				\$		Ψ				

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4 694 9417 16:20:45 | Dec **JOSHUA** WILLIAM COWAN Debtor 1 Case number (# knot Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debta? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of 90,425" or more? ☐ No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425° or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. 2 Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? Mo. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include navments to an attorney for this hanknuntry case.

			Dates of payment	Total amount paid	Amount you still owe	Was this payment for
Creditor's Name				\$	\$	Mortgage
						☐ Car
Number Street		***************************************				Credit card
	 -					Loan repayment
						☐ Suppliers or veridors
City	State	ZIP Code				Other
Creditor's Name			***	\$	\$	☐ Mortgage
Creditor & Marne						☐ Car
Number Street						Credit card
•						Loan repayment
		······································				Suppliers or vendors
City	State	ZIP Code				O ther
Creditor's Name				\$	<u>\$</u>	☐ Mortgage
Crodition 3 (Intille						☐ Car
Number Street						Credit card
						Loan repayment
						Suppliers or vendors
City	State	ZIP Code				C Other

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on the contract of the contrac

	JOSHUA First Name Midd	WILLIAM Se Name Last Name	COWAN	_	Case number (# know	n)
i <i>nsid</i> e corpo agent	rs include your relati rations of which you	are an officer, director, pe business you operate as a	; relatives of any erson in control, o	general partners r owner of 20% o	; partnerships of whi	who was an insider? ch you are a general partner, g securities; and any managing or domestic support obligations
Z No		·				
	or but an paymonts	o an maga.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
le	nsider's Name			\$	<u> </u>	
¥1	Giller Steel					
C	ity	State ZIP Code				
in	Name			\$	<u> </u>	
Niu	imber Street					
			*			
Cir		State ZIP Code			_	
thin 1 Inside Sude No	i year before you fil der? payments on debts g	led for bankruptcy, did y		yments or trans	fer any property or	account of a debt that benef
thin 1 inside dude	i year before you fil der? payments on debts g	led for bankruptcy, did y		yments or trans	Amount you sixi	account of a debt that benef Reason for this payment
thin 1 Inside No Yes.	i year before you fil der? payments on debts g	led for bankruptcy, did y	y an insider.	*.,	Amount you sixi	Reason for this payment
thin 1 Inside No Yes.	I year before you fil der? payments on debts g List all payments the	led for bankruptcy, did y	y an insider.	total amount paid	Amount you still owe	Reason for this payment
thin 1 Inside No Yes.	I year before you fil der? payments on debts g List all payments the	led for bankruptcy, did y	y an insider.	total amount paid	Amount you still owe	Reason for this payment
No Yes.	I year before you fil der? payments on debts g List all payments the	ed for bankruptcy, did y guaranteed or cosigned by at benefited an insider.	Pates of payment	total amount paid	Amount you still owe	Reason for this payment
ithin 1 insiculde No Yes.	I year before you fil der? payments on debts of List all payments the der's Name	ed for bankruptcy, did y guaranteed or cosigned by at benefited an insider.	Pates of payment	Total amount paid	Amount you sun owe	Reason for this payment

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Oebtor 1	JOSHUA Fini Name Missi	WILLIAM • Name Last Name	COWAN	Case number	(# known)	
List a	in 1 year before you all such matters, include contract disputes.	Actions, Repossession filed for bankruptcy, wer ding personal injury cases,	e you a party in any la	wsult, court action, or	administrative proce paternity actions, sup	eding? port or custody modificati
回 / 图 i	₹o Yes. Fill in the details.					
		Natur	e of the case	Court or agency		Status of the case
	Case title			Court Name		Pending On appeal
				Number Street		Concluded
	Case number	name di vitali yang di gadhin da nganta nganta nganta na		City	State ZiP Code	Morrowhamab
	Case title	**************************************		Count Name		Pending On appeal
				Number Street		Concluded
	Case number			City	State ZIP Code	
Chec M	in 1 year before you to ix all that apply and fill io. Go to line 11. es. Fill in the informati					
			Describe the property	,	Date	Value of the property
	Creditor's Name		_		-	\$
	Number Street		Explain what happens	nd		
			Property was re	possessed.		
	***************************************	······································	Property was fo			
	City	State ZIP Code	_ ' ' '	ernisneo. Lached, selzed, or levie	d.	
			Describe the property		Date	Value of the property
	Creditor's Name		-			\$
			_			
	Number Street		Explain what happens	đ		
		······································	Property was re			
	City	State ZIP Code	 Property was ga Property was att 	mished. ached, seized, or levie	đ.	

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	JOSHUA W First Name Middle Name	Last Name	COWAN	Case number (ir known	2)	
₽ No	in 90 days before you filed fo unts or refuse to make a payr o es. Fill in the details.	r bankruptcy, d nent because y	d any creditor, includin ou owed a debt?	g a ban's or financial institu	rtion, set off any	amounts from you
Cre	editor's Name	Desc	ribe the action the credito	rtook	Date action was taken	Amount
Nun	mber Streel	····			***************************************	\$
City	Chade VII Oldito Lir	Code Last	digits of account number	.: V0000 [: AAAA		
Within credito Mo Yes	1 year before you filed for be ors, a court-appointed receive	nkruptcy, was or, a custodian,	any of your property in or another official?	the possession of an assig	nee for the bene	fit of
	List Certain Gifts and Co	ntributions				
140	2 years before you filed for ba	inkruptcy, dld y	ou give any gifts with a	total value of more than \$6	300 per person?	
Gifti per	ts with a total value of more than person	\$600 Describ	e the gifts		Dates you gave	
					the gifts	Value
Person	n to Whom You Gave the Gift	·			the gifts	Value
Person					the gifts	Value \$\$
Number	r Street State ZIP Co	rde			the gifts	Valuo \$ \$
Number City Person	State ZiP Co	· · · · · · · · · · · · · · · · · · ·	the gifts		Dates you gave	Value Value
Number City Person Gifts w	State ZiP Co	-	the gifts			\$
City Person Gifts w per par	State ZiP Constant State ZiP Constant State ZiP Constant State ZiP Constant State St	-	the gifts		Dates you gave	\$\$ Veitre

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JOSHUA Fret Name Mi	WILLIAN liddle Name Las	1 CO\	VVAIN	Case number (# know	(n)	<u></u>
thin 2 years before y	ou filed for bankru	ptcy, dld you give	any gifts or contrib	utions with a total v	alue of more than \$	800 to any charity
No						
Yes. Fill in the details	s for each gift or con	itribution.				
Gifts or contributions that total more than t		Describe what y	ou contributed		Date you contributed	Value
					###	\$
Charity's Name						.
		•				2
Number Street		• .				
City State Z	ZiP Code					
and anne -	The Course					
	•					
List Certain I	Losses					
No Yes. Fill in the details					5	W.L.,
aster, or gambling? No Yes. Fill in the details Describe the property how the loss occurred	y you lost and	include the amou	surance coverage for the int that insurance has paid of Schedule A/B: Proper	ld. List pending insuranc	Date of your loss e	Value of property lost
No Yes. Fill in the details Describe the property	y you lost and	include the amou	nt that insurance has pai	ld. List pending insuranc	loss	
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Debtor 1	JOSHUA First Name Middle Name	WILLIAM	COWAN	Case number (# known)		
	· Marie and mean control of the second secon		Description and value of any proper	erty transferred	Date payment or transfer was made	Amount of payment
	Person Who Was Paid					
	Number Street					\$
	Number Suesi					\$
	City State	ZIP Code				
	Email or website address					
	Person Who Made the Payment, if	Not You				
豆	not include any payment or No Yes. Fill in the details.	transfer that yo	u listed on line 16.			
			Description and value of any prope	rty transferred	Date payment or transfer was made	Amount of payme
	Person Who Was Pald	······································			111906	
	Number Street				**************************************	\$
					May recommend against agreement of the state	\$
	City State	ZIP Code				
trar Incl Do	nsferred in the ordinary coude both outright transfers a not include gifts and transfer	urse of your b and transfers m	cy, did you sell, trade, or otherw usiness or financial affairs? ade as security (such as the grantine already listed on this statement. Description and value of property	ng of a security interest or m Describe any property of	ortgage on your pro	perty). Data transfer
			transferred	or debts paid in exchan	ãe	was made
	Person Who Received Transfer					
	Number Street	Mariantan de la constitución de la				-
	City State	ZiP Code				
	Person's relationship to you					
	Person Who Received Transfer	B-15-1				
						•
	Number Street					
	Number Street					

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THE TOUR OF SUBJECT WHEN TO SUBJECT SU

btor 1	JOSHUA First Name Middle Nex	WILLIAM Less A	Name	COWAN	Case number (# 14	юмт)	,
are a	In 10 years before you f a beneficiary? (These an No 'es. Fill in the details.				rty to a self-settled tru	st or similar device of t	vhich you
			Descrip	tion and value of the prop	erty transferred		Date transfer was made
N	lame of trust		•				witerwesternelstern führe für der Manne
art 8:	List Cortain Financ	iai Accounts	, instru:	nents, Safe Deposit	Boxes, and Storag	e Units	
inclu broke	in 1 year before you file ed, sold, moved, or tran- ide checking, savings, n erage houses, pension to es. Fill in the details.	sferred? noney market, d	or other f	Inancial accounts; cert	ficates of deposit; sha	•	
Ų ¥∙	es. Fili in the détails,		Last 4 d	lgits of account number	Type of account or Instrument	Date account was closed, sold, moved, or transferred	Last balance befor closing or transfer
ī	Name of Financial Institution		XXXX-		Checking	****	\$
;	teet seenur				Savings Money market Brokerage		
7	Otty State	ZIP Code			Other		
ī	Name of Financial Institution		XXXX		Checking Savings		\$
Ā	lumber Street				Money market Brokerage		
7	ity State	ZIP Code			Other		
secur V No	ou now have, or did you ities, cash, or other valu o ss. Fill in the details.		year befoi	e you filed for bankrup	tcy, any safe deposit i	oox or other depository	for
	: ur ur ur ur ur ur ur ur ur ur ur ur ur	•	Who else	e had access to it?	Describe the	e contents	Do you still have it?
Ñ	lame of Financial Institution		Name				O Yes
Ñ	umber Street	· · · · · · · · · · · · · · · · · · ·	Number 8	Street			
=	ity State	ZIP Code	City	State ZIP Code			

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Debtor 1	JOSHUA First Name Middle Nam	WILLIAM 16 Lest Name	COWAN	Case number (// known)	
21	No	storage unit or pia	ce other than your hom	e within 1 year before you filed t	or bankruptcy?
	Yes. Fill in the details.	Wh	o else has or had access t	it? Describe the contr	ents Do you still have it?
	Name of Storage Facility	Nan	10		□ No □ Yes
	Number Street	Nun	nber Street		
		City	State ZIP Code		
Part 9	City State State Identify Property		ntrol for Someone El	50	
orh 1221	you hold or control any p old in trust for someone. No			ny property you borrowed from,	are storing for,
	Yes. Fill in the details.	Whe	re is the property?	Describe the prope	rty Value
	Owner's Name				\$
	Normhar Strant	Numbe	r Street		▼ <u>************************************</u>
				W-10-W	
	City State	ZIP Code City	State	ZIP Code	
Part 10	: Give Details Abo	ut Environmenta	Information		
For the	purpose of Part 10, the fo	llowing definitions	apply:		
haza	rdous or toxic substance	s, wastes, or mater	ial into the air, land, sol	n concerning politition, contamin , surface water, groundwater, of nces, wastes, or material.	nation, releases of r other medium,
□ Site		ty, or property as d	efined under any enviro	nmental law, whether you now o	wn, operate, or
Haza subs	irdous material means an tance, hazardous materia	ything an environm il, pollutant, contan	ental law defines as a fi linant, or similar term.	azardous waste, hazardous subi	stance, toxic
Report a	all notices, releases, and	proceedings that yo	ou know about, regardle	ss of when they occurred.	
24. Has a	iny governmental unit no	lified you that you n	nay be liable or potentia	lly liable under or in violation of	an environmental law?
Ø N	o es. Fill in the details.				
		Gover	nmental unit	Environmental law, if you know	it Date of notice
N.	ame of site	Govern	mental unit	<u>_</u> ·	
N	ımber Street	Number	Street	_	
	· · · · · · · · · · · · · · · · · · ·	Chy	State 719 Code		
CI	ty State	ZIP Code			

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	JOSHUA First Name Middle N	WILLIAM (ame Lest N	COWAN	Case number (# known)	
Have	over vee helitee vev	mmantal unit of	any release of hazardous m	atariai?	
	-	minienan and or	any release of hereidons in		
	* *				
LI Y	Yes. Fill in the details.				
			Governmental unit	Environmental law, if you know it	Date of notice
	Name of site		Governmental unit		***************************************
	The state of the s		OAAAHIMIMIMI GIIIL		
	Number Street		Number Street	Administrative Control of the Contro	
			City State ZIP Cod	te	
	City St	ate ZIP Code			
Have	vou been a party in ar	ny judicial or adm	inistrative proceeding unde	r any environmental law? Include s	attlements and orders.
21				•	
	vo fes. Fill in the details.				
1	res. Fill in the aetalis.				Status of the
			Court or agency	Nature of the case	C886
	Case title				
•	ase ude		Court Name		Pending
			over reside		On appea
-		-	Number Street	Han Annual Property Control of the C	☐ Conclude
			inginger waves		— 50//0/240
7	lase number	 			
			City State Zi	P Code	
n 1	353444	bout Your Bust	City State Zi		
rt 1	P Give Details At		ness or Connections to	Any Business	tions to any business?
i i i i With	Give Details At	led for bankrupte	ness or Connections to	Any Business or have any of the following connec	
i di li With	Give Details At in 4 years before you fi A sole proprietor or	iled for bankrupte self-employed in	ness or Connections to a cy, did you own a business a trade, profession, or othe	Any Business or have any of the following connectractivity, either full-time or part-tim	
With	Give Details At in 4 years before you for A sole proprietor or A member of a limite	iled for bankrupto self-employed in ed liability compa	ness or Connections to	Any Business or have any of the following connectractivity, either full-time or part-tim	
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	JOSHUA Fina Nume Middle	WILLIAM Nerne Loss N	COWAN	Case number (# known)
			Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
	Susiness Name			EIN:
	Number Street		Name of accountant or bookkeeper	Dates business existed
				From To
	City	State ZIP Code		
			cy, did you give a financial statemer	it to anyone about your business? Include all financial
O N		·		
U Y	es. Fill in the details	below.	Date issued	
	Name	**************************************	MM/DD/YYYY	
	Number Street			
		State ZIP Code		
i	City	31219 AP C009	·	
i	City	3U. 1000	·	
7/2/0		State AP Coop	·	
i han	Sign Below ve read the answers wers are true and co	on this <i>Statement</i> rrect. I understand skruptcy case can 519, and 3571.	that making a false statement, conc	ents, and I declare under penalty of perjury that the ealing property, or obtaining money or property by fraud risonment for up to 20 years, or both.
I har ansi in co	ve read the answers wers are true and coonnection with a bar l.S.C. §§ 152, 1341, 1	on this <i>Statement</i> rrect. I understand skruptcy case can 519, and 3571.	that making a false statement, concresult in fines up to \$250,000, or imp	ealing property, or obtaining money or property by fraud
I har ansi in cc 18 U	we read the answers wers are true and coonnection with a bar J.S.C. §§ 152, 1341, 1	on this <i>Statement</i> rrect. I understand skruptcy case can 519, and 3571.	that making a false statement, concresult in fines up to \$250,000, or imp	ealing property, or obtaining money or property by fraud risonment for up to 20 years, or both.
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I have answer to the control of the	sign Below ve read the answers wers are true and co connection with a bar J.S.C. §§ 152, 1341, 1 Bignature of Debtor 1 vote ////- To/ you attach additiona No Yes	on this Statement rect. I understand akruptcy case can 519, and 3571.	that making a false statement, concresult in fines up to \$250,000, or imp Signature of Debtor 2 Date	ealing property, or obtaining money or property by fraud risonment for up to 20 years, or both.
I have an an an an an an an an an an an an an	sign Below ve read the answers wers are true and co onnection with a bar J.S.C. §§ 152, 1341, 1 Signature of Debtor 1 vote // / / - Zo / you attach additional No Yes you pay or agree to g	on this Statement rrect. I understand skruptcy case can 519, and 3571.	Signature of Debtor 2 Date ealing property, or obtaining money or property by fraud risonment for up to 20 years, or both.	

Debtor 1	JOSHUA	WILLIAM	COWAN
Degroi i	First Name	Middle Namo	Last Name
Debtor 2			
Spouse, if filing	First Name	Middle Name	Last Name
Jnited States	Bankruptcy Court for	no Earler) DOSTIU
Case number (If known)		04. C	いいころが

Check if this is an emended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- # creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors. whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Can de List Your Creditors Who Have Secured Claims

For any creditors that you listed in Part 1 of Schedule D: information below.	Creditors Who Have Claims Secured by Property (Offici	lal Form 106D), fill in the
identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C
Creditor's	☐ Surrender the property.	□ No
4 burn budy	Retain the property and redeem it.	Yes
Description of NONE property securing debt.	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	
Craditor's	Surrender the property.	☐ No
name:	☐ Retain the property and redeem It.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
occurring work.	Retain the property and [explain]:	
Creditor's	Surrender the property.	□ No
name:	Retain the property and redeem it.	O Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
Sociality Cont.	Retain the property and [explain]:	
Creditor's	Surrender the property.	□ No
name:	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
ooding door	Retain the property and [explain]:	

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abtor 1	JOSHUA First Name Middle Na	WILLIAM List Nome	COWAN	Case number (# known)
Part 2:	i List Your Unexp	ired Personal Prop	erty Leases	
fill in the i	nformation below. D	o not list real estate l	eases. Unexpired leases :	ecutory Contracts and Unexpired Leases (Official Form 106G), are leases that are still in effect; the lease period has not yet does not assume it. 11 U.S.C. § 365(p)(2).
Descri	ibe your unexpired pe	rsonal property leases	•	Will the lease be assumed?
Lessor	's name:			□ No
Descrip	otion of leased y:	was Magamad an Madhaw a sama an ana aha an andra karamana Adhina ka ka ka	eth a summer consist graph space and as a summarization for the constraint of the co	☐ Yes
Lessor	's name:			□ No
property	-			☐ Yes
	s name:	THE RESERVE OF THE RESERVE OF THE PERSON OF	and a second control of the second control o	□ No
	otion of leased			☐ Yes
Lessor's	s name:		morema (agranda a — a pilla delimingliant y y a mand di glado a tido di citi. Ca y a sa di d	□ No
Descript property	tion of leased y:			☐ Yes
Lessor's	s name:			□ No
Descript property				☐ Yes
Lessor's		der opprøder och vegeter i skarifange, så at den men blev søver flere di era bleve dir kvi		□ No
Descript property	tion of leased			Yes
Lessor's	s name:		and a series of policy and a series of the s	□ No
Descripti property:	tion of leased			☐ Yes
art 3:	Sign Below			
		clare that I have Indic ect to an unexpired I		ny property of my estate that secures a debt and any
•	7//		×	
`_//	of Debtor 1		Signature of Debtor 2	***************************************
Date //	16 2017		Date MM / DD / YYYY	

MATRIX

ALLIANT ENERGY PO BOX 3062 CEDAR RAPIDS IA 52406

AMERICOLLECT INC 1851 S ALVERNO RD MANITOWOC WI 54220

ASSOCIATED COLLECTIONS INC PO BOX 1039 JANESVILLE WI 53547

ASSOCIATED COLLECTIONS INC PO BOX 816 JANESVILLE WI 53548

ASSOCIATED COLLECTORS INC 113 W MILWAUKEE ST JANESVILLE WI 53547

ATG CREDIT 1700 W CORLAND ST CHICAGO IL 60622 BELOIT HEALTH SYSTEM 1969 HART RD BELOIT WI 53511

BLACKHAWK TECH PO BOX 5009 JANESVILLE WI 53547

CENTRAL CREDIT SERVICE 20 CORPORATE HILL DR ST CHARLES MO 66301

CHASE BANK 270 PARK AVE NEWYORK NY 10017

CITY OF BELOIT MUNICIPAL COURT 100 STATE ST BELOIT WI 53511

CITY OF JANESVILLE PO BOX 457 JANESVILLE WI 60090

CITY OF ROCK COUNTY MUNICIPAL COURT 51 SOUTH MAIN ST JANESVILLE WI 53545

2067

CREDITOR COLLECTION SERVICE 202 W STATE ST ROCKFORD IL 61101

CREDITOR COLLECTION SERVICE 2509 S STOUGHTON RD ROCKFORD IL 61101

CREDITORS PROTECTION SERVICE 308 W STATE ST # 485

CREDITORS PRTECTION SERVICE 308 WEST STATEST #485 ROCKFORD IL 61101

DEAN CLINIC 1802 W BELTLINE HWY MADISON WI 53713

DEPARTMENT OF EDUCATION 3915 PARKER RD #400 AURORA CO 80014

DIVERSIFIED CONSULTANTS
PO BOX 551268

JACKSONVILLE FL 32255

HARRIS & HARRIS 111 W JACKSON BLVD CHICAGO IL 60604

IC SYSTEMS COLLECTIONS PO BOX 64378 ST PAUL MN 55164

IHC-SWEDISH AMERICAN ER PHYS PO BOX 3261 MILWAUKEE WI 53201

MIDWEST DENTAL 2101 RIVERSIDE DR BELOIT WI 53511

MUTUAL MANAGEMENT SERVICE 401 E STATE ST ROCKFORD IL 61110

NATIONWIDE CREDIT CORP 5503 CHEROKEE AVE ALEXANDRIA VA 22312

NCO FINANCIAL 507 PRUDENTIAL DR

4 OF 7

HORSHAM PA 19044

PETER A SAVIBSKI LAW OFFICE 838 N MAIN ST ROCKFORD IL 61101

PORTFOLIO RECOVERY ASSOCIATES LLC 120 CORPORATE BLVD NORFOLK VA 23502

REICH CHIROPRATIC CLINIC 1831 BLACKHAWK BLVD SOUTH BELOIT IL 61080

ROCK COUNTY 200 EAST US HIGHWAY 14 JANESVILLE WI 53545

ROCKFORD HEALTH SYSTEMS 2300 N ROCKTON AVE ROCKFORD IL 61103

RADIOLOGY CONSULTANTS OF ROCKFORD 39020 EAGLEWAY CHICAGO IL 60678

ROCKFORD MERCHANTILE

5 OF 7

PO BOX 5847 ROCKFORD IL 61125

STATE COLLECTION SERV 2509 S STOUGHTON RD MADISON WI 53716

THE PAYDAY LOAN STORE 2625 PRAIRIE AVE BELOIT WI 53511

UMR 2700 MIDWEST DR ONALASKA WI 54650

VERIZON WIRELESS PO BOX 5029 WALLINGFORD CT 06492

VIRTUOSO SOURCE GROUP PO BOX 5818 DENVER CO 80217

WISCONSIN STATE PUBLIC DEFENDER 819 N 6TH ST MILWAUKEE WI 53203

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STELLAR RECOVERY
PO BOX 48370
JACKSONVILLE FL 32247

SECURITY FINANCE CORP PO BOX 3146 SPARTAN SC 29304

STATE COLLECTION SERVICE PO BOX 8250 MADISON WI 53701

ROCK COUNTY CHILD SUPPORT 51 S MAIN ST 3RD FLOOR JANESVILLE WI 53545